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Is Anyone LISTENING?

Report of the British Columbia Task Force on Family Violence

February 1992

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Is anyone listening?

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February 17, 1992

Honourable Penny Priddy
Minister of Women's Equality
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Madam Minister:

It is our privilege to submit, for your consideration, the report and recommendations of the Task Force on Family Violence.

Sincerely,

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First and foremost, the Task Force wishes to acknowledge the many individuals who carry the pain of family and sexual violence. We have heard your pleas for relief -- for a society that does not know family or sexual violence. It is our hope that the children yet to be born will be welcomed into a society where they are safe within their communities and within their families.

We would like to express our sincere appreciation to the ministry staff to the Task Force whose work made this report possible. In particular, we wish to thank Light Light and Cindy Eaton of Women's Equality who have worked exclusively in support of the Task Force over the past eleven months. Special thanks must go to Pauline Rafferty, Assistant Deputy Minister of Women's Equality who has assisted in the work of this Task Force from the beginning, and whose presence at the table enhanced our understanding of government procedures.

Also from the Ministry of Women's Equality we wish to express our gratitude to June Love for her work compiling the bibliography and to Penelope Harwood and Dawna Desrosiers who were instrumental in coordinating the delivery of this report.

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Copies of this Report and the
Aboriginal Report are available from:

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Overview

Is Anyone Listening? is the work of people who are deeply involved with the issues of family and sexual violence. It consolidates the work not only of thirteen Task Force members over the past eleven months, but of hundreds of people who have fought the battle against family and sexual violence over the past two decades or more.

There are no surprises here – only confirmation and some new words for what those of us working in this field have known for years.

Women and children lack power in our society. Family and sexual violence is an expression of the abuse of power – violence by the powerful in our society against the less powerful. It is integrally bound up with sexism, ageism, racism, homophobia, discrimination against people with disabilities, the colonization of aboriginal people, and an acceptance of violence as a way to assert control.

Any attempts to eliminate family and sexual violence must take issue with the basic attitudes and values that underlie our social structures. We need the courage for long-range planning – changing fundamental attitudes and values takes time. But we must start now.

We need more front-line services for victims of family and sexual violence.

We need better training for agency staff and for government staff.

We need more funding for existing front-line services so that trained and experienced staff feel supported and do not burn out.

We need long-range prevention strategies – from mandatory programs in the schools, to public education funding for community agencies, to a prevention mandate for all government programs.

We need more and better treatment for offenders, both wife abusers and sex offenders.

We need all our services to be sensitive and accessible to those who are particularly discriminated against by our society – immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor, and people living in rural and isolated areas.

We need to support aboriginal people as they work to develop and control their own services. And we must ensure that mainstream services are sensitive to the needs of aboriginal people.

We need all these initiatives to be planned, developed, implemented and evaluated by and with those who have the expertise – the front-line workers and those who are particularly discriminated against by our society. These people need to be at all tables where plans and decisions that affect them are being made.

And we need to build all this into a truly coordinated response to these issues, in which government and the community work together at both the provincial and the local levels.

Whether government chooses to act or not, family and sexual violence is enormously expensive. The social costs are staggering in human suffering, in lost potential and in hard cash. Prevention and early intervention offer the best hope of reducing or eliminating these costs.

It is not a question of whether we can afford to pay or not. It is a question of do we pay now or do we pay later?

It has been said before and we are saying it again. Is anyone listening?

SUMMARY OF RECOMMENDATIONS

Recommendations in this report are directed to the provincial government. Issues of concern to the federal government have been forwarded to the Federal Panel on Violence Against Women and are included in Appendix 4. Many of the issues highlighted here are also of relevance to municipal governments and the Task Force urges them to take action on these issues wherever possible.

Process Priorities

In order to embrace the spirit of this report, a number of fundamental shifts have to occur in the way the provincial government responds to family and sexual violence.

Guiding Principles

A. Consultation with front-line workers

All planning, development, implementation and evaluation of policies, programs and services to address family or sexual violence must be done in conjunction with front-line community workers.

B. Consultation with people who are particularly discriminated against

All planning, development, implementation and evaluation of initiatives to address family or sexual violence must be done in consultation with people who are particularly discriminated against, including aboriginal people, immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people living in rural and isolated areas.

C. Participation in decision-making

Representatives of groups that are particularly discriminated against must be at all tables where government decisions regarding family or sexual violence are being made.

D. Aboriginal people

Aboriginal people have a special status as a result of their history. They must have community control over their own services and develop their own solutions that respect traditional values and meet the needs of both victims and communities.

E. The planning process

There must be a comprehensive, long-term and adequately funded approach to addressing family and sexual violence issues.

F. Coordination

All government responses to family and sexual violence must be planned, developed, implemented and evaluated in a coordinated manner, using inter-ministry responsibility centres at the provincial level and inter-agency coordinating committees at the local level.

G. Accountability

All government policies, programs and services regarding family and sexual violence must be accountable not only within government, but to the community.

The full text of these Process Priorities can be found on pages 10 to 14.

Year One Funding Priorities

The provincial government, in consultation with the community, must:

Prevention

1. ensure that funding to community agencies providing direct services to victims of family or sexual violence includes adequate funding to provide public education within their own communities.
2. assign adequate funds to implement comprehensive school health, of which the *Learning for Living* curriculum is a component.
3. include prevention and early intervention as a goal of all programs which may serve family violence victims and offenders, or those at risk.
4. fund women's centres to provide prevention education, information, early intervention and support to women who are victims of violence or at risk.
5. plan and implement the above recommendations within the context of a long-range family and sexual violence prevention strategy.

Intervention

6. increase funding to transition and second stage houses, sexual assault centres, specialized victim assistance programs and other community agencies providing services to victims of family and sexual violence.

7. immediately increase funding for direct services to aboriginal people suffering the effects of family and sexual violence, using service delivery models and guidelines currently being developed through the Ministry of Aboriginal Affairs.

8. ensure that all services to victims of family and sexual violence are accessible and hospitable to people with disabilities.

9. ensure that all services to victims of family and sexual violence are accessible and hospitable to immigrants and people of colour.

10. encourage and fund the development, implementation and evaluation of one or more comprehensive, coordinated protection models for assaulted women and their children, with a view to province-wide implementation.

11. increase funding for treatment of abusive men and sex offenders.

12. establish a time-limited, community-based team consisting of aboriginal women and men to address the problems of family and sexual violence in aboriginal communities.

13. establish a time-limited, inter-agency, multi-minority team to address the problems of family and sexual violence in the context of minority cultures.

14. support and fund opportunities for aboriginal women to get together to address issues of family and sexual violence.

15. add or make available specialized Crown counsel in every Crown counsel office to deal specifically with prosecution of cases relating to violence against women.

16. encourage and support hospitals to establish specialized services to respond to women, children and elderly people who are victims of family or sexual violence.

17. develop a comprehensive response to the major reports already produced which impact on child abuse in British Columbia.

18. encourage and fund the development and implementation of a model(s) to provide information, support, protection and advocacy for women and their children who are victims of family or sexual violence and are involved in custody and access disputes.

Training

19. ensure that sufficient high-quality training is provided to all those working with family and sexual violence victims or offenders.

20. fund workshops for staff and volunteers providing services to victims of family and sexual violence on making their services accessible and hospitable to groups that are particularly discriminated against. In Year One, separate workshops must address the needs of aboriginal people, immigrants, people of colour, and people with disabilities.

21. take appropriate steps to ensure that training in the nature and dynamics of family and sexual violence, cross-cultural and "unlearning" racism and homophobia training, and training in how to work with elderly people and people with disabilities are mandatory requirements for students in all disciplines which may address the needs of family or sexual violence victims or offenders.

The full text of these Year One Funding Priorities can be found on pages 15 to 26.

Other Year One Recommendations

The provincial government, in consultation with the community, must:

22. develop a comprehensive and ongoing response to British Columbia's paper on wife assault and sexual assault in the report of the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System.

23. develop a sexual assault policy for the justice system similar to those developed for wife assault and child sexual abuse.

24. establish a provincial committee to monitor and evaluate: (a) the implementation of the wife assault and sexual assault policies; and (b) the operation of the model for the protection of assaulted women.

25. undertake a comprehensive evaluation of the victim assistance program.

26. clarify the roles and responsibilities of each ministry in responding to complaints of child sexual abuse by strangers and to complaints of abuse in schools.

27. develop, implement and evaluate inter-ministerial policy and protocols for responding to disclosed or suspected cases of wife assault where there are children in the family.

28. review the Criminal Injury Compensation Act provisions that a) require a report to police before a victim's eligibility for counselling can be considered; b) limit the applicability of compensation to incidents that occurred after 1972; c) do not incorporate reciprocal arrangements with other provinces/territories; and d) fund only counselling that addresses the child abuse directly, excluding any inappropriate coping mechanisms the survivor has developed.

29. expedite the process it has begun in reviewing the B.C. Limitation Act, and remove the two year limitation period for commencing civil claims.

30. introduce draft legislation that adds sexual orientation as a prohibited ground of discrimination in the British Columbia Human Rights Code.

31. formally endorse the document *Principles, Procedures and Protocols for Elder Abuse* and continue to allocate the necessary resources for implementation and training.

32. develop a comprehensive strategy for prevention of and response to abuse within community care licensed facilities.

33. develop a response to the Project to Review Adult Guardianship, and allocate appropriate resources to implement this response in a timely manner.

34. provide support for Alcohol and Drug Programs to develop joint approaches with front-line community agencies providing services to family and sexual violence victims and offenders to address the needs of those dealing with both addiction and family or sexual violence.

35. ensure that patients are effectively protected from abuse by physicians or surgeons.

36. assist in developing a system for receiving and handling complaints of sexual abuse of clients/patients by health care service providers.

The full text of these Other Year One Recommendations can be found on pages 27 to 31.

Year Two and Three Recommendations

The provincial government, in consultation with the community, must:

Prevention

37. encourage, develop, deliver and fund more high quality parenting courses

and other relationship courses in a variety of forms and venues.

38. fund workshops for staff and volunteers providing services to victims of family and sexual violence on making their services accessible and hospitable to groups that are particularly discriminated against. In Years Two and Three separate workshops must address the needs of elderly people, lesbians and gay men, people who are poor and people living in rural and isolated areas.

39. encourage and fund strategies to link elderly people and people with disabilities into friendship, self-help and service delivery networks.

40. encourage and fund a wholistic, wellness approach to the needs of elderly people that incorporates a focus on abuse prevention and early intervention, including outreach services.

41. encourage and fund the development, adaptation and translation of family and sexual violence prevention and education materials for people who are not comfortable speaking English.

42. encourage and fund the development and implementation of a sex education curriculum and the development, adaptation and translation of family and sexual violence prevention and education materials for people with all kinds of disabilities.

43. take appropriate steps to encourage the teaching of self-defence courses for women in high school physical education classes at the intermediate and graduation levels.

Intervention

44. review contracts for transition houses, sexual assault centres and victim assistance programs to allow adequate funding to bring staff salaries up to the level of comparable workers within government.

45. encourage and fund self-help groups for victims of family and sexual violence.

46. increase funding for legal information, advocacy and representation for victims of family and sexual violence.

47. increase the family law legal aid tariff to allow adequate compensation for lawyers handling family law cases, and for family law cases involving the use of an interpreter.

48. design and implement a sexual assault and adult survivor court preparation kit.

49. fund more affordable housing so that women who are leaving abusive

relationships can meet their shelter needs.

50. ensure that the Provincial Emergency Program includes services for victims of family and sexual violence in planning and budget frameworks for responding to major emergencies such as earthquakes.

The full text of these Year Two and Three Recommendations can be found on pages 32 to 35.

FULL TEXT OF THE RECOMMENDATIONS

Process Priorities

In order to embrace the spirit of this report, a number of fundamental shifts have to occur in the way the provincial government responds to family and sexual violence. These major shifts concern community consultation and participation, working with aboriginal people, coordination, planning and accountability.

The approaches recommended here must be applied consistently to each and every recommendation listed in this report.

A. Consultation with front-line workers

Guiding Principle: All planning, development, implementation and evaluation of policies, programs and services to address family or sexual violence must be done in conjunction with front-line community workers.

In order for policies, programs and services regarding family and sexual violence to work effectively, it is essential that a positive partnership be developed and maintained between government and front-line community workers.

Recommendation:

The Ministries of Women's Equality, Attorney General[1], Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **establish a structure and a process in which consultation with front-line workers and other experts in the community in the areas of family and sexual violence becomes routine, throughout the process of policy and program development.**

B. Consultation with people who are particularly discriminated against

Guiding Principle: All planning, development, implementation, and evaluation of initiatives to address family or sexual violence must be done in consultation with people who are particularly discriminated against, including aboriginal people, immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people who are living in rural and isolated areas.

Recommendation:

The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **make a commitment**

and develop a process to consult with these groups in the areas of family and sexual violence on a routine basis, throughout the process of policy and program development, and to ensure that all government and government-funded policies, programs and services have benefited from their participation and meet their specific needs.[2]

Community initiatives funded by government must demonstrate participation by those groups that are particularly discriminated against.

C. Participation in decision-making

Guiding Principle: Representatives of groups that are particularly discriminated against must be at all tables where government decisions regarding family or sexual violence are being made.

Real solutions to the violence in the lives of aboriginal people, immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people living in rural and isolated areas cannot be created or implemented without the participation of those people in decision-making and the commitment of everyone involved to pay particular attention to their needs.

The Task Force appreciates the initial difficulty of including representatives from these groups at all tables where decisions about these issues are being made. However, this is the only way that the process of developing new policy and programs and making funding decisions will begin to become inclusive of those who are particularly discriminated against.

Recommendation:

The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **include representatives of groups that are particularly discriminated against from within or outside the government, at all tables where plans or decisions regarding policies, programs or funding addressing family or sexual violence are being made.**[3]

The Task Force recognizes the dangers of tokenism inherent in including at all tables representatives of groups that are particularly discriminated against. In order to reduce the pressure on those representatives and to ensure that one person is not expected to speak on behalf of all those not at the table, wider community consultation must be conducted in combination with this participation in decision-making.

In order for these people to be at the table certain needs must be addressed, including funding, translation, provision for companions, appropriate transport, accessible accommodation and meeting places, and appropriate hearing and visual aids.

D. Aboriginal people

Guiding Principle: Aboriginal people have a special status as a result of their history. They must have community control over their own services and develop their own solutions that respect traditional values and meet the needs of both victims and communities.

Aboriginal people have a right both to community-controlled policies, programs and services and to mainstream policies, programs and services that are truly accessible and responsive to their needs. Commitment to the development and maintenance of these options is essential throughout the implementation of these recommendations.

Recommendation:

The Ministry of Aboriginal Affairs, in conjunction with the Ministries of Women's Equality, Health, Attorney General, Social Services, Education and Advanced Education must **establish an on-going aboriginal advisory group to advise the responsibility centres in the implementation of the recommendations in this report.**

This advisory group must not be a substitute for wider community consultation with aboriginal communities or aboriginal people's participation in decision-making, but must be an ongoing body that works in conjunction with these other forms of consultation and participation.

E. The planning process

Guiding Principle: There must be a comprehensive, long-term and adequately funded approach to addressing family and sexual violence.

Short-term piecemeal approaches to meeting the needs of family and sexual violence victims and offenders result in fragmentation, inefficiency, lack of services and frustration of both staff and clients.

Any long-range planning process must not delay the immediate implementation of recommendations for urgently needed increases in front-line services.

Recommendation:

The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs[4], Education and Advanced Education must **plan, develop, implement and evaluate all policies, programs and services to address the issues of family and sexual violence within the context of a comprehensive, coordinated, long-range planning process.**

A comprehensive, coordinated, and adequately funded response to family and sexual violence must include:

- coordination
- crisis intervention
- protection
- advocacy
- emotional support, counselling and treatment
- health services
- information
- prevention education
- treatment for offenders

Responsibility for this planning process must be assumed by inter-ministerial responsibility centres which have adequate staff, resources and authority to do the job.

F. Coordination

Guiding Principle: All government responses to family and sexual violence must be planned, developed, implemented and evaluated in a coordinated manner, using inter-ministry responsibility centres at the provincial level and inter-agency coordinating committees at the local level.

All ministries must work together consistently to ensure a coordinated approach to planning, development and implementation.

Funding decisions must be coordinated among ministries and an integrated funding model developed and implemented that will ensure a "one-window" approach for community agencies applying for government funds to provide family and sexual violence services.[5]

All policy implementation and service delivery at the local level must be coordinated, including both government and community-based services.

Recommendations:

(a) Inter-ministry responsibility centres must be established at senior levels of government to coordinate initiatives in the areas of family and sexual violence.

It is essential that responsibility for coordination, monitoring and accountability of policy and program planning, development and implementation in each of the areas of family and sexual violence be established within a single authority. These authorities, or responsibility centres, may be different, depending on the specific area of family or sexual violence.

These responsibility centres must have sufficient staff, resources, authority and accountability structures to ensure that coordination in planning, decision making and implementation does in fact occur.

They must include formal strategies and mechanisms for ongoing consultation and collaboration with the community. These must be developed as one of the first tasks of the responsibility centres.

These responsibility centres must be established as the first step in the implementation of the recommendations in this report.

(b) At the local level, policies and protocols must be developed and funding made available to facilitate the development and maintenance of inter-agency committees to coordinate service responses to family and sexual violence.

Policies and protocols to guide coordinated responses at the local level must be flexible enough to be adaptable to local circumstances but be sufficiently directive to ensure consistency and accountability.

These inter-agency committees must have direct links back to the inter-ministry responsibility centres recommended above.

G. Accountability

Guiding Principle: All government policies, programs and services regarding family and sexual violence must be accountable not only within government, but to the community.

Recommendation:

The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **produce a public report at the end of each of the three years of the implementation period of this report.**

This report must indicate clearly the goals established for that time period, progress made with respect to those goals, and a strategy and time-frame for implementing or completing those initiatives that have not been accomplished.

The reporting framework established must relate clearly to the guiding principles, recommendations and time-frames set out in this report.

As well as reporting of progress made within ministries, the reporting must include police, Crown counsel, and court statistics, as well as information about planning and implementation of programs in schools, colleges and universities.

This annual report must be clear, detailed and widely accessible, not only within government but to the community.

Year One Funding Priorities

Prevention

Guiding Principle: Recognizing that the causes of family and sexual violence are rooted in basic gender inequalities in our society, in ageist attitudes and in social values that legitimize victimization of the least powerful, prevention efforts must be directed at eliminating these inequalities and biases and at empowering groups which are particularly discriminated against, and must avoid implying that victims are responsible for their own victimization.

1. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must **ensure that funding to community agencies providing direct services to victims of family or sexual violence includes adequate funding to provide public education within their own communities.**

   The public education needs of people in this province with respect to family and sexual violence must be addressed primarily by locally-based and locally-controlled initiatives. The role of the Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must be ones of coordination and funding.

   Aboriginal communities must have control over their own public education initiatives and be encouraged and funded to develop materials that meet their own public education needs.

   Province-wide agencies and "immigrant-serving" agencies must be encouraged and funded to develop and implement, in consultation with front-line agencies, public education materials and projects to address family and sexual violence.

2. The Ministry of Education must **assign adequate funds to implement comprehensive school health, of which the Learning for Living curriculum is a component.**

   The Learning for Living curriculum must be supplemented with additional materials to address issues of gender equality, family and sexual violence, cultural diversity, racism, homophobia and conflict resolution, and must be reviewed with a view to making the necessary revisions to deal comprehensively with these issues and the needs of groups that are particularly discriminated against.

   The Learning for Living curriculum must also be reviewed, revised and supplemented specifically to address the needs of aboriginal children in mainstream classrooms.

   For aboriginal students attending schools made up entirely of aboriginal students, an aboriginal specific curriculum addressing family and sexual violence issues must be developed. This curriculum must be developed by and with aboriginal people, including educators and front-line workers, and be flexible enough to be adapted for use in local communities.

Education must include a focus on the fundamental social values and attitudes that form the context of family and sexual violence.

As part of this comprehensive approach, the Ministry of Education must mandate child sexual abuse prevention programs from primary level through to graduation and provide school districts with funds to implement such programs.

These initiatives must be undertaken immediately but must be part of comprehensive school health, which must be implemented over the three year planning and implementation period.

3. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education **must include prevention and early intervention as a goal of all government programs which may serve family and sexual violence victims and offenders, or those at risk.**

This recommendation applies to those programs targeted at family and sexual violence victims or offenders as well as those addressing other issues which may also serve family or sexual violence victims or offenders. For example, programs dealing with poor school performance or high school drop-outs may well be dealing with victims or children at risk of family or sexual violence and should therefore address issues of prevention and early intervention.

4. The Ministry of Women's Equality must **fund women's centres to provide prevention education, information, early intervention and support to women who are victims of violence or at risk.**

Although funding for women's centres is included under Prevention, the Task Force also recognizes the services women's centres deliver to women who are victims of family and sexual violence.

5. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **plan and implement the above recommendations within the context of a long-range family and sexual violence prevention strategy.**

This long-range prevention strategy must be developed by the inter-ministry responsibility centres in collaboration with the community.

Within this long-range planning process, specific attention must be focused on ways to meet the needs of those who are particularly discriminated against in our society.

Special attention must be directed to finding ways to meet the needs of aboriginal people for community control over their own planning and programs.

The planning for the long-range strategy must be completed within Year One and the strategy implemented over the three year implementation period.

Intervention

Guiding Principle: All victims of family and sexual violence must have reasonable and timely access to protection and to high quality victim-centred information, support and counselling services; offenders must be assured reasonable and timely access to high quality treatment. In order to meet the direct service needs of victims most effectively, funding must go first to front-line, community-based services.

6. The Ministries of Women's Equality, Attorney General, Health and Social Services must **increase funding to transition and second stage houses, sexual assault centres, specialized victim assistance programs and other community agencies providing services to victims of family and sexual violence.**

Recognizing the vital importance of front-line services to victims of family and sexual violence, these Ministries must provide funding to increase:

a) the number of transition and second stage houses, sexual assault centres and specialized victim assistance programs; as well as

(b) the capacity of existing agencies, including women's centres, to respond to the numbers of victims requesting services and the full range of their needs, including short and long-term counselling, advocacy and treatment.

Particular attention must be paid to the needs of women and men who are adult survivors of childhood abuse and to child witnesses of wife assault, as well as to the needs of groups who are particularly discriminated against, including psychiatrically disabled women.

Advocacy must be included in the mandate of all community-based services for victims of family or sexual violence.

Funding must reflect the increased mandate of agencies to provide advocacy and prevention services as well as the need to train volunteers.

This increased funding must be provided immediately to meet increased demand, but must be part of the three year planning and implementation process.

7. The Ministries of Aboriginal Affairs, Women's Equality, Attorney General, Health, Social Services, and Education must **immediately increase funding for direct services to aboriginal people suffering the effects of family and sexual violence, using service delivery models and guidelines currently being developed through the Ministry of Aboriginal Affairs.**

Aboriginal people will decide themselves on the most needed services to be delivered to aboriginal people suffering the effects of family and sexual violence, and the best ways to provide these services.

Models, guidelines and standards for service delivery are currently being developed through the Ministry of Aboriginal Affairs, using information from aboriginal communities. This work can be used in deciding how best to allocate funds for service delivery in this area.

8. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must **ensure that all services to victims of family and sexual violence are accessible and hospitable to people with disabilities.**

Accessibility for people with disabilities includes not only the staff skills required for working with people with disabilities, but that staff attitudes are sensitive and hospitable to people with disabilities.

Adequate funding must also be provided for physical changes required in facilities.

All new services funded must demonstrate hospitality and accessibility to people with disabilities.

The ministries and the community must begin working toward this goal immediately and achieve the goal over a three year time-frame.

9. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must **ensure that all services to victims of family and sexual violence are accessible and hospitable to aboriginal people, immigrants and people of colour.**

Programs must provide interpreters and be inclusive of aboriginal people, immigrants and people of colour as staff and volunteers.

All new services funded must demonstrate hospitality and accessibility to aboriginal people, immigrants and people of colour, particularly to those groups which make up a significant proportion of the community served.

The ministries and communities must begin working toward this goal immediately and achieve the goal over a three-year time-frame.

10. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must **encourage and fund the development, implementation and evaluation of one or more**

comprehensive, coordinated protection models for assaulted women and their children, with a view to province-wide implementation.[6]

The model(s) must address both wife assault and sexual assault cases. The primary goal would be to ensure a coordinated and comprehensive local response to both wife assault and sexual assault. Whether these tasks are undertaken separately or together is a community decision.

The model(s) must build on existing wife assault coordinating committees and must be flexible enough to be adapted to the needs of specific communities.

The model(s) must be based on an understanding that coordination and advocacy are unique and legitimate functions and must be paid for and that coordination is not a substitute for adequate service delivery.

It must include:

(a) adequate service delivery, including both support and advocacy for victims, as well as accessible legal information;
(b) an individual case management approach as well as an approach to resolving issues on a system-wide basis;
(c) a paid coordinator position;
(d) effective monitoring and accountability; and
(e) a committee composed of representatives of all agencies and ministries which respond to wife assault and/or sexual assault to facilitate its effective planning and operation, including identifying community priorities and resolving community problems.

Particular emphasis must be placed on the implementation of justice system wife assault and sexual assault policies. Consideration must be given to a community-based victim support service presence in the courthouse and the use of specialized police and Crown counsel, including the development of specialized justice system response teams and the piloting of specialized family and sexual violence courts.

A specialized hospital response to wife assault and sexual assault must also be considered.

Consideration must also be given to unifying all family and sexual violence services under one umbrella, if a community feels it would be better served in this way.

11. The Ministries of Health and Attorney General must **increase funding for treatment for abusive men and sex offenders.**

This must be undertaken immediately to respond to demand but must be part of the three year planning and implementation process.

Particular emphasis must be placed on treatment for child and youth sex offenders of all ages.

The ministries must ensure that ministry-funded treatment programs for men:

(a) make the protection of women and children a priority;
(b) are set up in consultation with existing transition house or support services for women and children who are the victims of family and sexual violence or in conjunction with services for women and children that are set up at the same time;
(c) are culturally appropriate, including groups in languages other than English; and
(d) are evaluated in terms of their effectiveness in stopping the violence towards women and children.

Victims of the offenders in the treatment program must be assured services if they wish them.

The Ministries of Health and Attorney General must encourage the inclusion of these principles in any standards of service developed by the Association of Counsellors of Abusive Men.

12. The Ministry of Aboriginal Affairs, in conjunction with the Ministries of Women's Equality, Attorney General, Health, Social Services and Education must **establish a time-limited community-based team consisting of aboriginal women and men to address the problems of family and sexual violence in aboriginal communities.**

The goal of this team would be to recommend effective ways to respond to the needs of aboriginal families suffering from the effects of family and sexual violence, to protect victims of family and sexual violence and to prevent this violence from occurring.

13. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education must **establish a time limited, inter-agency, multi-minority[7] team to address the problems of family and sexual violence in the context of minority cultures.**

This team must include both government and community representatives.

The goal of this team would be to recommend the most effective ways to respond to the needs of victims of family and sexual violence in minority cultures and to prevent this violence from occurring, recognizing that we do not currently have many of the answers we need in this respect.

This team must assess the needs of particularly hard-to-reach populations, such as isolated, homebound women and elderly persons.

14. The Ministries of Aboriginal Affairs, Women's Equality, Attorney General, Health, Social Services and Education must **support and fund opportunities for aboriginal women to get together to address issues of family and sexual violence.**

Opportunities must be provided for aboriginal women to consult, network and develop strategies for responding to the needs of their people who are suffering from the effects of family and sexual violence.

Aboriginal women must be the ones to organize such opportunities, with the assistance of the Ministry of Aboriginal Affairs and other ministries involved in responding to family and sexual violence.

15. The Ministry of Attorney General must **add or make available specialized Crown counsel in all major Crown counsel offices, to deal specifically with prosecution of cases relating to violence against women.**

Staff levels in Crown counsel offices must increase. It is also imperative that the ability of Crown counsel offices to respond to the needs of victimized women be enhanced.

The mandate of these specialist Crown counsel would be to prosecute difficult cases involving wife assault, sexual assault of adult women, adult survivors of childhood abuse, and abuse of women with disabilities, as well as to train and serve as a resource to other Crown counsel prosecuting such cases.

16. The Ministry of Health, in consultation with the Ministries of Women's Equality, Attorney General, Social Services and Aboriginal Affairs, must **encourage and support hospitals to establish specialized services to respond to women, children and elderly people who are victims of family or sexual violence.**

Such services must respond to victims of wife assault, sexual assault, child abuse, and abuse of elderly persons.

These services involve re-organization of existing staff and other resources rather than large expenditures of funds. The Ministry of Health must provide some start-up and training costs, including the costs of using existing specialized services to train hospital staff elsewhere in the province.

Detailed protocols must be developed to guide the responses of medical personnel to wife assault, sexual assault, child abuse, and abuse of elderly persons. These protocols must build on protocols already in place, including: *Wife Assault: A Guide for Medical Personnel;* the *Inter-Ministry Child Abuse Handbook* and *Principles, Procedures, and Protocols for Elder Abuse.*

Provincial and regional hospitals must act as resource centres to help train and support personnel in smaller communities.

Development of these approaches must be done in consultation with front-line agencies serving victims of family and sexual violence. A representative of these services must sit on any local coordinating committee dealing with family or sexual violence.

17. The Ministry of Social Services, in conjunction with the Ministries of Women's Equality, Attorney General, Health, Aboriginal Affairs, Education, and Advanced Education **must develop a comprehensive response to the major reports already produced which impact on child abuse in British Columbia.**

These include the Rix Rogers report, *Reaching for Solutions;* the Ombudsman's report, *Public Services to Children, Youth and Their Families;* the report on *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia;* and the Metropolitan Vancouver report, *Children and Youth at Risk: Towards a Mental Health Plan.* See Appendix 15 for lists of the recommendations in the Rix Rogers and Ombudsman's reports that have particular relevance to child abuse and are within the mandate of the provincial government.

The development of a strategy, time-frame, priorities and structure for accountability must be undertaken immediately and implementation must be completed within three years.

In responding to existing reports in this area, the Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must consider the intent of the recommendations rather than the specific authority to which they are directed. Where a recommendation is directed to a non-governmental agency or to another level of government in addition to the provincial government, the appropriate provincial ministry must assess the recommendation with a view to proactively undertaking whatever action is appropriate to encourage its implementation.

18. The Ministries of Women's Equality, Attorney General and Social Services must **encourage and fund the development and implementation of a model(s) to provide information, support, protection and advocacy for women and their children who are victims of family or sexual violence and are involved in custody and access disputes.**

This model must include:

(a) mandatory guidelines for government-appointed legal system professionals;
(b) the provision of information, support and advocacy for women and their children as they go through the legal system;
(c) custody and access centres to provide supervised access and child advocacy; and
(d) a provincial committee, including government and community representation, to monitor and evaluate the implementation of guidelines and the effectiveness of services and to document concerns that need to be addressed. This committee must report to

the responsibility centre.

Existing models to serve women and children in custody and access disputes must be explored and utilized.

Any guidelines developed must ensure that:

(a) there is no assumption that joint custody is the best solution and that there is no joint custody where there is a history of wife assault; and

(b) there is no mediation where there is a history of wife assault.

Custody and access centres would serve separated families at risk for child abuse and prevent the further abuse of women by their partners on the occasion of parental visits. They must be staffed by people trained in the nature and dynamics of family and sexual violence and in child advocacy and must be housed in existing community agencies.

The goal of this recommendation is to develop and test models in urban and rural settings and to implement these models province-wide. The model must include a community planning process to identify local priorities and ways to resolve difficulties. It must be flexible enough to adapt to local community needs, and directive enough to ensure consistency and accountability.

This initiative must be undertaken immediately and must be implemented over the proposed three year implementation period.

Training

Guiding Principle: All those working with victims of family or sexual violence or offenders, must be adequately trained in the nature and dynamics of family and sexual violence, including issues of gender inequality, power and control, and in how best to meet the needs of those whom they are serving.

19. The Ministries of Women's Equality, Attorney General, Health, including Alcohol and Drug Programs, Social Services, Aboriginal Affairs, Education and Advanced Education must **ensure that sufficient high-quality training is provided to all those working with family or sexual violence victims or offenders.**

These include new and existing ministry staff, police, teachers, doctors, provincial court judges and staff and volunteers of government funded community agencies and at immigrant orientation centres.

Collaboration with the appropriate professional groups (police, teachers, doctors and provincial court judges) must be an integral part of this process.

Some portion of the training must be provided by front-line community workers who are delivering services to these victims and by representatives of groups that are particularly discriminated against.

It is important that the training needs of aboriginal people be met as they move towards community control of their own services. These training needs must be identified and addressed by aboriginal people themselves, in conjunction with other experts in the field, including front-line workers in the area of family and sexual violence.

Training must include a focus on issues of inequality and power and control as a basis of family and sexual violence, as well as on cultural diversity, "unlearning" racism and homophobia, and the needs of elderly people and people with disabilities. In addition to teaching skills and knowledge, an essential focus of this training must be attitude change.

Training must address the attitudes, knowledge and skills necessary to fulfill an increased mandate which includes prevention and early intervention.

Of particular concern are the complex needs of adult survivors of childhood abuse.

Training for justice system professionals must include a focus on:

- the negative impacts on women of gender-based assumptions;
- the negative impacts of discrimination on groups such as immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people who are living in rural and isolated areas, and the complex ways in which these factors interact to result in compounded discrimination;
- the particular position of aboriginal people in our society, who are over-represented both as victims and as offenders in the criminal justice system and have a particularly high incidence of family and sexual violence because of the impact of colonization and discrimination;
- learning to recognize power imbalances so that inappropriate mediation techniques are not utilized;
- recognizing that although the law may be gender neutral, statistics reflect that the majority of victims of sexual and family violence are women;
- use of expert witnesses regarding issues of family and sexual violence; and
- the possibilities and techniques of prosecuting wife assault cases without victims as witnesses.

Advocacy training must be provided to workers in community-based agencies by advocacy professionals who have experience in techniques for maintaining an independent and paramount commitment to the client while still maintaining a good working relationship with the system.

Government's commitment to ensuring high quality training to community agency staff working in this area must include the provision of on-going consultation, as needed, with experts within government, particularly with respect to complex legal matters.

This training initiative must be undertaken immediately and be in place within three years.

20. The Ministries of Women's Equality, Attorney General, Health, Social Services and Aboriginal Affairs must **fund workshops for staff and volunteers providing services to victims of family and sexual violence on making their services accessible and hospitable to groups that are particularly discriminated against. In Year One, separate workshops must address the needs of aboriginal people, immigrants, people of colour and people with disabilities.**

These workshops must address attitudes, skills and physical changes needed in services, including ways in which people are informed of the service. These workshops must be developed and delivered by and with aboriginal people, immigrants, people of colour and people with disabilities. They must include both cross-cultural and "unlearning" racism training.

21. The Ministry of Advanced Education must **take appropriate steps to ensure that training in the nature and dynamics of family and sexual violence; cross-cultural and "unlearning" racism and homophobia training; and training in how to work with elderly people and people with disabilities, are mandatory requirements for students in all disciplines which may address the needs of family or sexual violence victims or offenders.**

This would include law, medicine, nursing, education, social work, early childhood education, child care, criminology and counselling and clinical psychology.

The Ministry of Advanced Education must fund an appropriate institution(s) to work in conjunction with colleges and universities as well as with the ministries reviewing educational requirements in this area, to develop a strategy (including components for distance education), appropriate curriculum materials, and an implementation plan to ensure that this training is in place within three years.

This would ensure that professionals entering this field are adequately trained to deal with family and sexual violence victims and offenders.

All training must address gender inequality and power and control issues, and attitudes as well as skills.

Of particular concern are the complex needs of adult survivors of childhood abuse.

Training for those planning to be justice system professionals must include a focus on:

- the negative impacts on women of gender-based assumptions;
- the negative impacts of discrimination on groups such as immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people who are living in rural and isolated areas, and the complex ways in which these factors interact to result in compounded discrimination;
- the particular position of aboriginal people in our society, who are over-represented both as victims and as offenders in the criminal justice system and have a particularly high incidence of family and sexual violence because of the impact of colonization and discrimination;
- learning to recognize power imbalances so that inappropriate mediation techniques are not utilized;
- recognizing that although the law may be gender neutral, statistics reflect that the majority of victims of sexual and family violence are women;
- use of expert witnesses regarding issues of family and sexual violence; and
- the possibilities and techniques of prosecuting wife assault cases without victims as witnesses.

Some portion of this training must be provided by front-line community workers who are delivering services to these victims and by representatives of groups that are particularly discriminated against.

The basic curriculum could be generic, with supplementary sections to address the specific issues related to the faculty to which it is directed.

An evaluation component must be built into this plan, along with a strategy for periodic review and revision of curriculum materials.

Other Year One Recommendations

22. The Ministry of Attorney General, in cooperation with the Ministries of Women's Equality, Social Services, Health and Education must **develop a comprehensive and ongoing response to British Columbia's paper on wife assault and sexual assault in the report of the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System.**

    This response must include:

    (a) a timely response to the proposals concerning wife assault and sexual assault contained in the report;

    (b) an expansion of the work of the British Columbia Advisory Committee to this project to include police and corrections; and

    (c) the establishment of this Advisory Committee as an on-going inter-ministerial committee on gender equality in the justice system.

23. The Ministry of Attorney General must **develop a sexual assault policy for the justice system similar to those developed for wife assault and child sexual abuse.**

    This policy must be developed within the context of a policy guiding the justice system's response to violence against women and must specifically address the needs of adult survivors of childhood sexual abuse.

    As part of this policy, the Ministries of Health and Attorney General must, in cooperation with the Ministry of Women's Equality, the B.C. Medical Association and sexual assault centres, develop a protocol for medical-legal liaison regarding sexual assault.

    Any policy guiding the justice system response to violence against women must include procedures and techniques for investigating and prosecuting cases involving people with disabilities, particularly people with special communications needs as well as people who do not speak English.

24. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education and representatives from front-line community agencies serving assaulted women and adult survivors must **establish a provincial committee to monitor and evaluate (a) the implementation of the wife assault and sexual assault policies; and (b) the operation of the model for the protection of assaulted women.**

    The goal of such a committee must be to enhance the implementation of these policies or of a comprehensive policy on violence against women, as well as the local coordinated responses to wife assault and sexual assault.

The committee must report to the inter-ministry responsibility centre.

25. The Ministry of Attorney General must **undertake a comprehensive evaluation of the victim assistance program.**

This evaluation must build on the work already done in this regard and be expanded to include all components of the program.

It must include a focus on the relationship between and the different roles of the system-based (police-based and Crown-based) and community-based components of the program. In view of the concerns of the Task Force about the need for advocacy, this evaluation must be based on an understanding of the need for effective coordination which respects a clear differentiation between system-based and community-based services.

The evaluation must review the program, including the Victim Information Line to assess whether it adequately meets the needs of groups that are particularly discriminated against.

This evaluation must be done in consultation with the Ministries of Women's Equality, Social Services, Health and Aboriginal Affairs.

26. The Ministries of Social Services, Attorney General and Education must **clarify the roles and responsibilities of each ministry in responding to complaints of child sexual abuse by strangers and to complaints of abuse in schools.**

This must include the use of corporal punishment, which is prohibited by the School Act.

Policy and procedure must be clearly specified in a protocol that is included in the *Inter-Ministry Child Abuse Handbook.*

27. The Ministry of Social Services, in conjunction with the Ministries of Women's Equality, Attorney General, Education and Health must **develop, implement and evaluate inter-ministerial policy and protocols for responding to disclosed or suspected cases of wife assault where there are children in the family.**

These must address the fact that children who witness wife assault may be in need of protection. However, great caution must be exercised to ensure that any policy or protocol does not discourage battered women from seeking assistance. The focus must be on removal of the abuser and on the provision of support to the woman and her children so that the woman will experience the intervention as supportive rather than blaming.

These must be included in the *Inter-Ministry Child Abuse Handbook.*

28. The Ministry of Attorney General must **review the Criminal Injury Compensation provisions that:**

(a) **require a report to police before a victim's eligibility for counselling can be considered;**

(b) **limit the applicability of compensation to incidents that occurred after 1972;**

(c) **do not incorporate reciprocal arrangements with other provinces and territories; and**

(d) **fund only counselling that addresses the abuse directly, excluding any inappropriate coping mechanisms the survivor has developed.**

29. The Ministry of Attorney General must **expedite the process it has begun in reviewing the B.C. Limitation Act, and remove the two year limitation period for commencing civil claims.**

This limitation period makes it particularly difficult for adult survivors to initiate civil claims against their abusers because survivors often do not recall their experiences or are not emotionally prepared to take action until many years after the abuse.

30. The Ministries of Education and Attorney General must **introduce draft legislation that adds sexual orientation as a prohibited ground of discrimination in the British Columbia Human Rights Code.**

Lesbians and gay men in battering relationships experience the compounded discrimination of isolation and homophobia. These compounding factors are additional barriers to dealing with the violence in these relationships.

Acknowledgement of lesbians and gay men through the British Columbia Human Rights Code would be a major step towards addressing family violence in gay and lesbian relationships.

31. The Ministries of Women's Equality, Attorney General, Health, Social Services and Aboriginal Affairs must **formally endorse the document *Principles, Procedures and Protocols for Elder Abuse* and continue to allocate the necessary resources for implementation and training.**

32. The Ministry of Health, Community Care Facilities Branch, and the Ministry of Social Services must work in conjunction with the appropriate inter-ministry bodies and the community, to **develop a comprehensive strategy for prevention of and response to abuse within community care licensed facilities.**

This strategy must include mandatory reporting of abuse within licensed facilities.

This work must begin immediately, a strategy must be developed within one year and it must be fully implemented within three years.

33. The Ministries of Attorney General and Health must **develop a response to the Project to Review Adult Guardianship and allocate appropriate resources to implement this response in a timely manner.**

The Task Force endorses the work of the Adult Guardianship Committee and the Guardianship Working Group and urges continuing support by the ministries.

34. The Ministry of Health must **provide support for Alcohol and Drug Programs to develop joint approaches with front-line community agencies providing services to family and sexual violence victims and offenders to address the needs of those dealing with both addiction and family or sexual violence.**

Joint approaches include liaison, referral, collaboration, joint programming, and membership in local committees.

Joint approaches are needed for:

- male and female adult survivors of childhood abuse who are addicted;
- women victims of wife assault whose use of alcohol or other drugs is impeding them from taking steps to protect themselves;
- offenders who are both violent and addicted; and
- youths who are current or past victims and are currently abusing substances, including street youth.

This recommendation is not intended to expand Alcohol and Drug Programs but to ensure a more wholistic approach to services.

35. The Ministry of Women's Equality, in conjunction with the Ministries of Health, Attorney General and Social Services must **ensure that patients are effectively protected from abuse by physicians or surgeons.**

These ministries must critically examine the report of the B.C. College of Physicians and Surgeons, with a view to assessing whether it takes a patient-centred approach, and whether it makes recommendations that will truly protect patients. If it does, these ministries must publicly endorse and encourage the implementation of those recommendations. If it does not, these Ministries must take appropriate action to ensure that effective safeguards are put in place.

36. The Ministry of Health must, in cooperation with the relevant regulatory bodies, **assist in developing a system for receiving and handling complaints**

of sexual abuse of clients/patients by health care service providers.

This complaints system must include written policy and protocol and address alleged abuse by:

- therapists and other alternative health practitioners who may lack any kind of professional regulatory body;
- nurses and psychiatric nurses; and
- other members of the health and mental health care system.

This work must begin immediately and be fully implemented within three years.

Year Two and Three Recommendations

Prevention

37. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **encourage, develop, deliver and fund high quality parenting courses and other relationship courses in a variety of forms and venues.**

    Courses must be culturally relevant and meet the needs of groups that are particularly discriminated against. Courses for aboriginal people must be developed by aboriginal people.

    Courses must focus on positive parenting skills, changing attitudes about power and control, and changing abusive behaviours. They must be provided at every stage of the life cycle.

38. The Ministries of Women's Equality, Attorney General, Health, Social Services and Aboriginal Affairs must **fund workshops for staff and volunteers providing services to victims of family and sexual violence on making their services accessible and hospitable to groups that are particularly discriminated against. In Years Two and Three, separate workshops must address the needs of elderly people, lesbians and gay men, people who are poor, and people living in rural and isolated areas.**

    These workshops must address attitudes, skills and physical changes needed in services, including ways in which people are informed of the service.

39. The Ministry of Health, in conjunction with the Ministries of Women's Equality, Attorney General, Health, Social Services and Aboriginal Affairs must **encourage and fund strategies to link elderly people and people with disabilities into friendship, self-help and service delivery networks.**

    Such an approach strives to counteract the forces of secrecy and isolation in which abuse thrives.

    Strategies may include accessible social centres, telephone links with peers and outreach services.

40. The Ministry of Health, in conjunction with the Ministries of Women's Equality, Attorney General, Social Services, Aboriginal Affairs and Advanced Education must **encourage and fund a wholistic wellness approach to the needs of elderly people that incorporates a focus on abuse prevention and early intervention, including outreach services.**

    An emphasis must be placed on the development of models incorporating an integrated multi-disciplinary approach to service delivery, including information, health and social services, legal services, crisis intervention and advocacy.

Any agency awarded funding to deliver services to elderly people must demonstrate:

(a) the ability of staff and volunteers to provide practical information and assistance in the area of benefits, services and procedures, in order to assist vulnerable elderly people to live independently in the community;

(b) an intention to provide outreach services and an ability to provide multiple entry points, including clients' residences and places where they socialize, and access for low mobility clients; and

(c) a commitment to take instruction from the client wherever possible and a philosophy of maintaining and restoring personal power and independence in the individual.

41. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs, Education and Advanced Education must **encourage and fund the development, adaptation and translation of family and sexual violence prevention and education materials for people who are not comfortable speaking English.**

These must be developed for use in local public education initiatives, as well as for other uses, and must include print and audio-visual material.

42. The Ministries of Women's Equality, Attorney General, Health, Social Services, Aboriginal Affairs and Education, must **encourage and fund the development and implementation of a sex education curriculum and the development, adaptation and translation of family and sexual violence prevention and education materials for people with all kinds of disabilities.**

Such education will help ensure that people with disabilities can exercise their sexual autonomy in a safe, informed way and better protect themselves from abuse.

43. The Ministry of Education must **take appropriate steps to encourage the teaching of self-defence courses for women in high school physical education classes at the intermediate and graduation levels.**

This must be done as part of an approach to comprehensive school health.

Intervention

44. The Ministries of Attorney General, Health and Social Services must **review contracts for transition houses, sexual assault centres and victim assistance programs to allow adequate funding to bring staff salaries up to the level of comparable workers within government.**

This would go a long way toward reducing the high cost of burn-out, staff turnover and retraining.

Goals and a time-frame must be established within Year Two.

45. The Ministries of Women's Equality, Attorney General, Health, Social Services, and Aboriginal Affairs must **encourage and fund self-help groups for victims of family and sexual violence.**

In view of the fact that abuse and neglect flourish in isolation, self-help groups are effective tools for prevention and disclosure or early detection of family and sexual violence, as well as for the support of those abused or at risk. Self-help groups must not, however, be used as substitutes for professional intervention where it is required, but in conjunction with it.

46. The Ministry of Attorney General, in consultation with the Ministry of Women's Equality, Health, Social Services, Education and Aboriginal Affairs, must **increase funding for legal information, advocacy and representation for victims of family and sexual violence.**

Special care must be taken to meet the needs of those who are particularly discriminated against in our society.

Legal information and advocacy services must be widely available and accessible to all groups.

47. The Ministry of Attorney General must **increase the family law legal aid tariff to allow adequate compensation for lawyers handling family law cases, and for family law cases involving the use of an interpreter.**

As family law cases are particularly complex and demanding when family or sexual violence is involved, it is particularly difficult for women in these situations to find experienced lawyers to take their cases in view of the fact that family law legal aid tariffs are so low. The problem is especially acute in regard to women who do not speak English or who have other communication difficulties, as no additional compensation is available for the extra time involved in working through an interpreter.

48. The Ministry of Attorney General, in conjunction with the Ministries of Women's Equality, Health, Social Services and Aboriginal Affairs and representatives from sexual assault centres and community-based

specialized victim assistance programs must **design and implement a sexual assault and adult survivor court preparation kit.**

The purpose of such a kit would be to assist those victims and survivors who have to go to court and to enhance the implementation of the Ministry of Attorney General's sexual assault policy.

49. The Ministry of Municipal Affairs, Recreation and Housing must **fund more affordable housing, so that women who are leaving abusive relationships can meet their shelter needs.**

Very often women and their children cannot leave abusive situations or are forced to return because they cannot find housing that is affordable.

50. The Ministry of Attorney General must **ensure that the Provincial Emergency Program includes services for victims of family and sexual violence in planning and budget frameworks for responding to major emergencies such as earthquakes.**

Evidence shows that family and sexual violence increases during major emergencies. At the same time, services may be disrupted and agencies' sources of funds may be reduced, resulting in a particular need for increased government funding at this time.

ENDNOTES

[1] We include police, both R.C.M.P. and independent forces whenever we refer to the Ministry of Attorney General.

[2] The Task Force is aware that every policy, program or service will not relate to every group that is particularly discriminated against. For example, child abuse policy does not impact on the abuse of elderly persons. Where there is clearly no impact on a particular group, consultation and participation by that group is not required.

[3] Same as 2 above.

[4] The Ministry of Aboriginal Affairs is not a "line" ministry in the sense that it does not fund programs or deliver services. Its role is to provide leadership and advocacy in changing the province's relationship with aboriginal people; develop, coordinate and monitor policy relating to aboriginal issues; negotiate treaties and other agreements with aboriginal people; and consult with aboriginal and non-aboriginal people. The Ministry is included throughout these recommendations to ensure that it is part of an inter-ministerial approach not only to policy development, but also to program development and funding decisions in the area of family and sexual violence. Its participation in policy, program and funding decisions will ensure that the interests of aboriginal people are taken into account.

[5] A model(s) for a "one-window" approach to government funding of community agencies serving family or sexual violence victims or offenders is currently being developed in consultation with the Inter-ministry Committee on Family Violence. The purpose of the model(s) is to simplify the process by which agencies apply for government funding, and to avoid situations where agencies must apply to several different ministries or branches for funding different components of their program which all address family or sexual violence. The model(s) must be used in the implementation of these recommendations.

[6] A comprehensive, coordinated protection model for assaulted women is currently being developed in conjunction with the Inter-ministry Committee on Family Violence and the existing Wife Assault Coordination Project and must be used in the implementation of this recommendation.

This model must include sexual assault as well as wife assault.

In the interests of efficiency, some communities may choose to deal with both wife assault and sexual assault within the same coordinating committee. On the other hand, some communities may find it too cumbersome or inappropriate to deal with these issues within the same committee. These communities may wish to deal with wife assault and sexual assault in two separate coordinating committees, adapting the model for use in each type of case.

[7] The term multi-minority refers to the inclusion of a number of different cultural minority groups. A discussion of this term can be found in the chapter Immigrants and Refugees.

Introduction to this Report

Background to the Task Force

The Task Force on Family Violence was established by Carol Gran, then Minister of Women's Programs and Government Services and Minister Responsible for Families, on March 8, 1991. The Task Force was established as a result of the Minister's province-wide consultation with women; the report of the Advisory Council on Community-Based Services for Women, which identified family and sexual violence as major concerns of the women of British Columbia; and the public reaction to the March 1991 wife assault public awareness campaign.

The Task Force, while it accepted the mandate to address family violence, believes that this term obscures and "sanitizes" the real issues. The members would have preferred a gender-specific approach focusing on violence against women and children as the reality is that the overwhelming majority of victims of family and sexual violence are women and children. In the absence of this focus, the Task Force report encompasses the more general area identified by the term "family violence."

The members of the Task Force on Family Violence represent a broad range of agencies and organizations that deal with the issues of family and sexual violence; they were selected for the Task Force because of their extensive experience.

Terms of Reference

The mandate of the Task Force has been to identify ways to reduce violence against women, children and the elderly and to improve government policies, programs and services for victims of family and sexual violence. The specific terms of reference for the Task Force were to:

1. Assess the effectiveness of the recent public education campaign, and recommend follow-up strategies to address attitudes that may be causes of violence towards women.

2. Develop preventive strategies with respect to violence against women, children and the elderly, including both long and short term approaches to prevention.

3. Review government programs and services provided to victims of

violence, focusing in particular on support, counselling and advocacy needs of victims.

4. Recommend ways for government to improve its systems, policies and services to more effectively address the problems of violence, including ways to improve the coordination of existing services.
5. Develop a consultative approach with interested groups to involve them in identifying needs and developing solutions.
6. Review community models and make recommendations regarding expansion.
7. Report to the Minister with final recommendations, including some prioritization of those recommendations.

Scope of this Report

This Task Force points to the connections among the abuse of women, children, and elderly people. It also points to the connections between gender-based violence and violence against immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor, and people living in rural and isolated areas.

In order to effectively address the problems of family and sexual violence we must address the issues of inequality and the abuse of power in our society. We must address sexism, racism, homophobia, ageism, and society's acceptance of violence as a method of dominance and control.

The report identifies some of the questions; it does not pretend to have all the answers. For example, we describe how, within the aboriginal communities, violence flows from the historical context of colonization, and how family violence is most often understood as a community issue. But as the recommendations in this area clearly state, those with the expertise to develop approaches to the problem are aboriginal people themselves.

While Task Force members agreed on almost all aspects of an approach to aboriginal issues, we could not agree on the most effective way to present recommendations. The result of our different perspectives on this issue is a separate report on family violence in aboriginal communities in addition to the chapter and the approach taken on aboriginal issues in this report.

The Task Force has had the opportunity to read the aboriginal report written by the aboriginal woman who was originally a member of the Task Force. We hope for an early response to the recommendations put forward in that report.

Limitations of this Report

A decision was made before the Task Force was established that it would do its work within strict limitations of time and expenditure. This decision was based on a number of factors.

It was felt that much was already known about the problems of family and sexual violence and about the ways to address these issues. We understood a crucial part of our task to be the setting of priorities, based on the experiences of those working directly with victims and offenders.

It was also felt to be very important to act quickly in response to this problem. This short time frame clearly imposed some limitations on the content and the process of the Task Force's work.

The Task Force's mandate to look at the whole area of family and sexual violence has been a very broad mandate indeed. However, the limitations of time and resources have meant that the Task Force has had to be somewhat selective in the content areas which it has addressed.

In order to do justice to those areas judged to be central to any consideration of family and sexual violence, certain topics have been omitted or only peripherally covered in this report. These include: sexual harassment; violence in the workplace; violence against women who are health care service providers; abuse among family members other than parent-child or husband-wife; abuse by same-sex partners; ritual abuse; violence against prostitutes; child prostitution as child abuse; sexual violence on campus; pornography and violence in the media.

The Task Force's decision not to address these issues in its report in no way reflects a lack of appreciation of their seriousness or of the importance of an enhanced government response to these issues. On the contrary, Task Force members felt that these issues were too important to include unless we had the time and the resources to address them fully, which we did not.

Finally, it was felt that the bulk of any money available to address this problem should go to direct services, not to further study of the problem. This Task Force, therefore, did its work without a lot of fanfare, and did not have the resources to travel around the province in a series of public meetings. We relied instead on the information sources listed below.

For the same reason, directions for research are not a major focus of this report. Many respondents told us that the priority should be on direct services, not on research. A list of research suggestions is in Appendix 24.

Information Gathering Process

The Task Force used a number of methods to gather information:

1. A primary source of information was the knowledge of the Task Force members themselves, who work in all of the areas of family and sexual violence (wife assault, sexual assault, adult survivors of childhood abuse, child abuse and abuse of elderly people), and whose experience as front line workers has been particularly valuable.

2. Various members attended conferences, met with interested groups and reported back to the Task Force.

3. The Task Force met with a number of experts from the community and government, who provided additional information and expertise to that provided by the Task Force members. These experts included:

    - front line workers in the areas of wife assault, sexual assault, and adult survivors of childhood abuse, such as transition house workers and sexual assault crisis centre workers;
    - people from aboriginal communities;
    - people from cultural minorities;
    - people with disabilities;
    - representatives from the Child and Youth Secretariat;
    - representatives from Alcohol and Drug Programs;
    - the Inter-ministry Committee on Family Violence, with representatives from the Ministries of Aboriginal Affairs; Advanced Education, Training and Technology; Attorney General; Education; Health; Social Services; and Women's Equality. This committee was established early in 1991, and is chaired by the Ministry of Women's Equality. It served as an advisory committee for the (then) Ministry of Women's Programs' public awareness campaign on violence against women. It made presentations to the Task Force in its early stages to update members on current government programs, policies and initiatives in the areas of family and sexual violence;
    - representatives of Federal Ministries, including Secretary of State; Health and Welfare, Family Violence Prevention Division; Solicitor General; and Justice;
    - representatives from the justice system, including the family law bar, Criminal Justice Branch of the Ministry of Attorney

General, B.C. Provincial Court Judges, and the Legal Services Society; and

- a representative from B.C. Telephone.

4. The Task Force was provided with access to the submissions received by the B.C. Royal Commission on Health Care and Costs. Every submission to that Commission which referred to family or sexual violence was reviewed and summarized.

5. A survey was conducted of agencies and organizations which deal in some way with the issues of family or sexual violence. The Task Force developed a questionnaire (see Appendix 25), which was mailed to over 1000 agencies and individuals throughout British Columbia.

The questionnaire method was chosen as a way of getting feedback from a wide range of organizations as quickly and inexpensively as possible. The questionnaire was meant to provide assistance to respondents who may have found preparing a formal written submission too burdensome. It was meant to guide, rather than constrain, responses.

The Task Force is aware of the limitations of this method of collecting information and therefore also met with a wide range of people from the community.

The agencies consulted in the survey represent a broad spectrum of community groups and services, and can be divided into the following categories:

- Educational Organizations, including School Districts
- Elder-serving/Senior Citizens Organizations
- Employee Assistance Programs
- Family Court/Youth Justice Committees
- Federal Government
- Health Care Organizations
- Multi-cultural Organizations
- Aboriginal Organizations
- Offender Treatment Programs
- Police
- Provincial Government
- Religious Organizations
- Sexual Assault Centres
- Social Service Agencies
- Transition Houses
- Victim Assistance Programs (Police, Crown and Community-based)
- Women's Organizations

Approximately 150 questionnaires were completed. A list of organizations which returned completed questionnaires can be found in Appendix 1. Questionnaires were completed on behalf of a number of branches or offices. For example, the B.C. Teachers Federation, Canadian Mental Health Association and the Vancouver Health Department submissions all represent the contributions of their members.

The focus of the Task Force was on finding ways to improve the response of the system to family and sexual violence; consequently, the coding of the questionnaires focused on the suggestions and recommendations of the agencies and organizations responding to the survey.

The recommendations and examples provided in the various chapters of this report reflect the problems, suggestions and recommendations of the survey respondents and others who were consulted by the Task Force. Their experience on the front lines in the struggle against family and sexual violence has proven a valuable source of information for the Task Force.

Process

The Task Force held meetings on a regular basis. During the first meeting, one of the primary tasks was to review the Terms of Reference set by the Minister and to refine and revise them according to the particular goals of the Task Force members.

Another important task undertaken at this meeting was to develop a set of process guidelines for the work we were about to undertake, in order to ensure that an environment was created in which all Task Force members could feel safe to express themselves openly and honestly.

A list of shared beliefs was developed during the second meeting, which has acted as grounding assumptions for the work of the Task Force and guided the entire Task Force process. This list of shared beliefs is included in Appendix 2.

From the beginning of the Task Force, the members agreed that we would strive for consensus decision making which represented the views of all Task Force members. Our understanding of the complexity and the demands of this goal increased as the process went on. The Task Force regrets that we were unable to achieve consensus about the way in which aboriginal issues should be presented.

While Task Force members approached tasks from the vantage point of a variety of personal and professional perspectives, all shared a vision of what we were, as a group, trying to accomplish. It was this shared vision, and shared commitment to a carefully constructed list of beliefs that made our task not only possible, but often exhilarating.

The challenges were enormous, and the process often fraught with difficulties. But we all learned a great deal through our work together, from each other, and from those who took the time out of their busy lives to share with us, in person or in writing, their thoughts and ideas on how to make this a safer world for us all.

Our primary challenge was to find ways to achieve our goal of improved government response to family and sexual violence. However, through the process of striving to meet this goal, Task Force members also learned something about the connections between process and product. We learned that the process by which we choose to achieve our goals, has a profound affect not only on how much of ourselves we choose to devote to our task, but on the achievement of the goals themselves.

The lessons each of us had to learn about this interaction between process and product were, after all, lessons about power and control. The connection between the personal issues with which each of us were struggling and the larger issues which we were addressing on a social level, were sometimes painfully obvious.

If this report reflects some of the understanding that we gained through its development – of the importance and the complexity of truly sharing power and control in relationships – then we will have gone some way towards accomplishing our goal.

Service Delivery and Funding Models

The Task Force has, in four instances, recommended the use of a comprehensive model to address service delivery and funding issues. The models which the Task Force has recommended address a comprehensive approach to violence against women, a service delivery model for aboriginal people, a model for a comprehensive approach to funding, and a model addressing custody and access issues where there is violence.

These matters are complex and demand a well thought out response. They could not be developed within the time-frame of the work of the Task Force. Work on the models will continue after the release of this report. The Task Force expects the government response will pay particular attention to the models referred to in this report. See the next chapter for further discussion on the rationale for this approach.

Recommendations of Other Key Reports

The Task Force has been very much aware that its work is but one small piece of the impressive jigsaw puzzle of the movement to improve the community and government response to victims of family and sexual violence. It has relied heavily on input from the wide range of people and groups working on the issue, and has been humbled by the enormous experience and expertise that is being applied to solve the pressing problems facing people caught in the cycle of violence.

Numerous other reports released in recent years are important building blocks in this movement. As far back as 1979, the United Way Task Force on Family Violence published a report addressing many of the same issues addressed by this Task Force. Current reports include:

- *Reaching for Solutions: Report of the Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada* [the Rix Rogers Report]
- Ombudsman. *Public Services to Children, Youth and their Families in British Columbia*
- Children and Youth at Risk Steering Committee. *Children and Youth at Risk: Towards a Mental Health Plan for Metropolitan Vancouver*
- Ministry of Health. *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia*
- Committee on Sexual Offences Against Children and Youth. *Report of the Committee on Sexual Offences Against Children and Youths* [the Badgley Report]
- Government of Canada. *Family Violence in Canada: A Call to Action*
- Government of Canada. *The War Against Women*
- Ministers Responsible for the Status of Women. *Building Blocks: Framework for National Strategy on Violence Against Women*
- *Report of the National Symposium on Women, Law and the Administration of Justice*
- Canadian Mental Health Association Summary Report. *Women and Mental Health. Women in a Violent Society*
- *The Report of the Advisory Council on Community-Based Services for Women* to the then Minister of Women's Programs
- Final Report of the Premier's Council on Native Affairs
- Sexual Abuse Interventions Program, *Native Focus Group* report
- Bobbi Noble. *Mental Health Service Requirements for Women Who Are Victims of Violence*
- B.C. Royal Commission on Health Care and Costs, *Closer to Home*

Is Anyone Listening? is presented in the context of these numerous other current reports. This report does not attempt to repeat their recommendations. Instead, it urges that the recommendations from these other reports that apply provincially be considered immediately and as matters of urgency by the government.

In addition, there are two ongoing initiatives which closely relate to the work of the Task Force. There is a Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System. The British Columbia/Manitoba contribution to the Working Group focuses specifically on violence against women. A summary of the concerns raised in this paper is in Appendix 3. These concerns focus on legislation policy and the role of Crown counsel and the courts. The Task Force hopes that the continuing review and implementation of the recommendations of the Working Group will include police and corrections. This inclusion will be facilitated in British Columbia by the fact that all these matters now come within the Ministry of Attorney General. It is imperative that the response of police and corrections to family and sexual violence be addressed.

The other initiative is the federally appointed Panel on Violence Against Women, which has a mandate to look at "all forms of violence against women, based on the principle that women's equality is tied to freedom from violence." The Task Force has already communicated a number of concerns to the Panel, which may be found in Appendix 00.

References to Government Ministries

Throughout the Report, provincial government ministries are referred to by their principal titles, rather than including their full range of responsibilities. For example, the Ministry of Education and Minister Responsible for Multiculturalism and Human Rights is referred to as the Ministry of Education. Appendix 5 sets out the full names of all relevant Ministries and their responsibilities.

II. Defining the Issues

Introduction

This report is an account of pain and suffering in what should be the safest, gentlest, most loving parts of our lives.

Family and sexual violence is a social problem of such staggering dimensions that it is often described in terms of a national crisis. It is like a war in which we can provide only triage services while the casualties mount up. Should we mourn the dead, save the wounded, or protect the young?

Unfortunately this is not overblown rhetoric. Some victims of family and sexual violence do die. Many survivors are severely wounded, both physically and emotionally. And our children are among the targets for the abuse.

By family violence we mean all forms of violence that take place within the family, from wife assault to childhood sexual abuse of both girls and boys, and the abuse and neglect of elderly people. It includes physical and sexual violence, emotional and financial abuse, and deliberate neglect.

The abuser may be an intimate partner, family member, caregiver, or person in a position of trust. In the case of sexual assault, an abuser may be an acquaintance or stranger.

Family and sexual violence is an expression of the abuse of power. It is violence by the powerful in our society against the less powerful. Sexism, ageism, racism, homophobia, discrimination against people with disabilities, the colonization of aboriginal people, and an acceptance of violence as a way to assert control all play crucial roles in the organization of our society. The pervasiveness of family and sexual violence is supported by deeply rooted social attitudes and values.

It is no accident that most victims of family and sexual violence are women and children while most abusers are men. Men's violence against women is a result of a society that accords men more power than women, socializes men to be aggressive and women to be submissive, and encourages men's violence as part of their masculine role.

Immigrants, people of colour, elderly people, people with disabilities, people who are poor, lesbians and gay men and people who live in rural or isolated areas are particularly discriminated against in our society. Aboriginal people have especially suffered as a result of discrimination. Understanding the pervasive impact of colonization on aboriginal people is imperative to understanding family violence within aboriginal communities. These groups are less able to access available services, further isolating them and putting them at risk.

1. The Social Context of Family and Sexual Violence

The Task Force recognizes that aboriginal communities have a unique history which is not reflected in the historical perspective below.

A Brief Historical Perspective

The place of the less powerful in history has often been at the receiving end of a fist. Control and exploitation by the more powerful of the less powerful has been supported by economic and political institutions, and by a belief system that has portrayed this relationship as not only natural but morally justified, and sanctioned by religious institutions.

In the dominant culture this relationship has its ancient roots in Judeo-Christian traditions and Roman legal codes. Over hundreds of generations, the family has been shaped as a gender-based hierarchy: the man has the most power, and the woman is subordinate to him. The children have the least power and are subordinate to both. Each family member is socially conditioned to stay within the assigned role.

Thus the family has been the traditional power domain of the husband, who legally owned the less powerful members of his household. It was his role to exert his physical power in order to maintain control.

In order to see how religious and legal institutions have consistently upheld patriarchal power within the family, one has only to consider the fact that a woman is "given" in marriage by her father to her husband, or the woman's marriage promise to "obey" her husband, or the nineteenth-century British law of "rule of thumb" (whereby a man could beat his wife with a rod "not thicker than his thumb"), or the fact that, until the 1980s, a man could not be charged with sexual assault of his wife.

This tradition is integral to the way our society is organized. It is also insidious. It lies behind the reluctance of institutions to intervene in private family matters, because it is a man's "right" to control his family.

Why has society tolerated family and sexual violence? Why has it been so widespread and why is it so difficult to stop?

To begin to answer these questions, it is necessary to have an understanding of the connections between the ways in which society has historically been organized as a patriarchy and the ways in which this structure has informed all of our major social institutions: the media, the education system, the legal system, religious institutions, the health system and the social services system. All of these institutions have emerged from a tradition that asserts the inherent superiority of one sex over another and therefore its right to dominance. Under pressure, from feminists in particular, these institutions are now in the process of change, but change is slow.

In the past there has been collusion on the part of all our social institutions to minimize or deny the level of violence that occurs within families. Within the family, everyone is supposed to be happy. Intervention is seen as an attack on the unity of the family.

Awareness of the need for a response to family and sexual violence has been a long time in getting on to the institutional agenda. Much more community pressure will be needed before anyone can say that our homes and our neighbourhoods are safe places to live.

Causes and Contributing Factors

Violence is Glorified

We live in a society where violence is endemic, both inside and outside the family. Although lip service is paid to the fact that violence is unacceptable, our society actually extols and celebrates its violence. The media dishes up an unending series of programs about violence cast as "heroism"; and military aggression remains in vogue.

As children, we grow up in this climate of pervasive violence; we are surrounded by it in the form of comics, cartoons, toys and computer games. In the media, violence is often linked with male sexuality; we learn that this is manly, sexy stuff.

Evidence suggests that violence within the family is a learned behaviour. Society continues to reinforce aggressive behaviour in boys and men, and to portray women, children and weaker members of society as "allowable" targets through vehicles such as the media. (Music videos and pornography are some of the more obvious examples of the portrayal of women or children as victims).
– Registered Nurses Association of British Columbia, submission to the Task Force

Sex Roles Reinforce Power Imbalances

We also learn what traits and behaviours society considers appropriate for males and females, and these are early lessons in dominance and submission. Boys learn to see themselves as active and aggressive, while girls learn that they are rewarded for being submissive. In this way the complex dynamics of abuser and victim are given their framework. Children may come to see that the use of physical violence is an accepted and normal means of controlling others. In many cases adult abusers and victims witnessed and experienced abuse as children.

Traditional Male Socialization

Socialization begins at birth. Generally, little boys are admonished to "be a big boy . . . don't cry . . . be tough . . . don't be a sissy . . . don't be mommy's boy." The images of "Rambo" and "Ninja" movies, very popular with pre-adolescent boys, portray males as tough, aggressive, insensitive, unemotional, ruthless, taking and getting what they want by the use of violence. Women are marginal and adoring at best, or weak and stupid and useful only for sexual purposes.

Around puberty the pressure of sex-role conditioning becomes even more intense. Determined that they will be tough, rational, cool, pursuing a masculine ideal, rejecting anything that is feminine, teenage boys often go through a period of extreme homophobia (a period that some males never leave). A boy's first exposure to sexuality may be through pornography, with its stereotypes of objectification and coercion.

Boys who deviate from sex-role expectations, those who are passive, sensitive, interested in the arts, may find themselves ostracized. Boys who are thought to be gay are subjected to homophobic jokes and ridicule.

It is a tribute to their endurance, and to the input of parents and others, that many men transcend the limiting aspects of male socialization and manage to retain or regain the emotional, gentle, caring parts of their natures.

Others, however, are thoroughly programmed. For them, self-esteem equals toughness, competition in sport and the workplace, sexual conquest, and exercising control over others. A sense of power is crucial, and weakness is to be avoided at all costs. Anger is one of the few emotions these men can express directly.

Abusive men believe that they must be in control, and that violence is an effective way to get and keep that control. They may be so conditioned that they are unable to see anything wrong with asserting power through assault or emotional abuse.

Traditional Female Socialization

Traditional gender role socialization for females also begins early, with little girls playing "mother" to dolls, and learning to please, to smile, to be gentle, agreeable, dainty and docile. At school, girls are more likely than boys to be judged by how they look rather than what they do, and receive less praise (and fewer reprimands) from teachers.

As an adolescent, a girl learns that her self-esteem is defined by her ability to attract and please a boyfriend. Her role is to emotionally bolster a male while deferring to him and not threatening his self-esteem. For this reason, the ideal boyfriend is somewhat older, taller, brighter, more sexually experienced than she is.

She learns to be frightened. She learns not to walk in isolated places without a male to protect her. The message is that she must limit her life in order to be safe.

When she begins to work, she is refused equal opportunity, equal pay and equal status with males. She is expected to marry, and to become the nurturer of both husband and children, willing to sacrifice her own desires to theirs without complaint. At the same time that she nurtures her husband she is also expected to confirm his power over her.

These Messages Survive

There have been major changes over the last few decades, and sex-role stereotypes have broken down in many ways, but children still get the message that boys are more important and girls are subsidiary. Parents may value "tom-boy" qualities in girls while fearing and rejecting "feminine" qualities in their sons. If both parents work outside the home children are likely to see their mothers doing most of the work inside the home as well. Every night on TV they see government leaders and their supportive wives; male school principals and female teachers; male doctors and female nurses; male supermarket managers and female cashiers; male sports heroes with admiring wives and girlfriends.

The Continuum of Violence

Social and cultural messages reinforce gender-based power imbalances and confirm men's right to control women. The violence underlying these power imbalances is given expression on a continuum which ranges from subtle persuasion to overt coercion.

Billboards, magazines and the media reinforce these power imbalances through the use of sexist imagery to sell consumer goods. Power imbalances are made explicit in pornography that glorifies violent sex, portrays children as sexual objects, and offers this as entertainment. They are made even more explicit in the abuse of power in workplace hierarchies, and in sexual harassment.

In confronting family and sexual violence, we need also to confront the behaviours that reinforce dominance. We need to pay attention to the "subtle" forms of violence, such as harassment on the job and harassment on the street. These are a way of exercising control over women, and are part of the spectrum of violence that finds its most overt expression in rape, beating and murder.

2. Issues in the Response to Family and Sexual Violence

Community and government responses to particular aspects of family and sexual violence are outlined in individual chapters and in the Appendices.

There are, however, some common issues that relate to all forms of family and sexual violence, and we address these here.

Victim and Survivor

This report uses the word "victim" in full recognition of the difficulties of this term. The word "victim" can suggest hopelessness. "Survivor" also has some negative connotations of helplessness; and it is also not always possible to use the word "survivor" in place of "victim" because some victims of family and sexual violence do not survive.

The Task Force acknowledges that the term "survivors" can be an empowering one for those who are coming to terms with their experience of various forms of family and sexual violence. However, in this report, we use "survivors" in its most specific meaning, referring to adult survivors of childhood sexual abuse.

Neither "victims" nor "survivors" accurately describes reality. Neither captures the strength and endurance and courage of those who must deal with the abuse.

Groups that are Particularly Discriminated Against

. . . native women, women of colour, economically disadvantaged women, working class women, older women, lesbians and the disabled are shut out and marginalized – marginalized women often generate very different interpretations and priorities, depending on their experiences of disadvantage. These are invalidated because they do not conform to the dominant interpretation.
– Sheelagh Conway, "Campus Critique Leaves Women on the Margins." *Globe and Mail,* October 25, 1991

When this report speaks of groups that are particularly discriminated against by our society, it is referring to groups that are not given full voice in society's decision-making. This report is based on an understanding that women and children at every level of society are disempowered because of their lack of participation in social decision-making.

Groups that are particularly discriminated against by our society are those who, in addition to being vulnerable by virtue of being women or children are disempowered in other ways. These include people of colour, immigrants, refugees, elderly people, people who have a mental or physical disability, lesbians and gay men, people who are poor and people who live in remote and rural areas. Aboriginal people are also subject to pervasive discrimination.

The discrimination that is part of the lives of people from all these groups is compounded, magnified and reinforced in complex ways when a person is at the intersection of two or more oppressions. It is not simply a matter of multiplying the degree of discrimination by the number of factors involved. To begin to address this complexity there are separate chapters on the particular condition and needs of aboriginal people, elderly people, immigrants and refugees, people of colour and people with disabilities.

. . . [We] Need an appropriate model for government to deliver services to rural communities. We need the ministries to support community rather than spend time thinking of reasons why they don't want to support us.
– Boundary Family and Individual Services Society, Grand Forks, submission to the Task Force

All of these groups are targets of discrimination. One of the ways in which discrimination works is by exclusion. The report explicitly and systematically refers to these groups in order to work towards their inclusion in the processes which affect their lives. The Task Force acknowledges and supports the desire of aboriginal people for control over their own service delivery system.

Family Violence in Aboriginal Communities

There are significant historical, cultural, social and legal factors which distinguish aboriginal communities from the mainstream community and mandate unique, diverse and urgent responses to the problem of family violence in these communities.

- the political legitimacy of aboriginal self-government is recognized by the government of British Columbia
- the incidence of family violence in aboriginal communities is much higher than in the mainstream community
- aboriginal people have a wholistic approach to social issues, including family violence
- there is diversity among aboriginal communities in viewing and defining solutions for community development
- jurisdictional confusion concerning the responsibilities of the federal and provincial governments to aboriginal people creates serious and unique problems of access to services and resources
- aboriginal communities are centred on the extended family and emphasize collective identity and values.

For these reasons the Task Force discusses family violence in aboriginal communities in a separate chapter.

Institutions and First Nations people must collaborate on designing responses to Family Violence issues at ALL levels.
– First Nations Education, Vancouver School District, submission to the Task Force

Aboriginal women face sexism in the dominant culture and their own communities. Colonization has impacted on traditional social roles, although in some communities traditional roles have been retained or are being revitalized. Sexism and racism are particular concerns for aboriginal people in accessing mainstream services.

The Task Force supports an approach to family violence in aboriginal communities that is two-fold:

1. aboriginal communities must be provided with the capacity and resources to assess, plan, design, implement and evaluate culturally and community appropriate solutions; and
2. mainstream services, systems and policies must be responsive to the needs of aboriginal people.

Consultation with the Community

The Task Force believes that the community – people who are suffering and people who deliver community-based services on the front lines – have a great deal of expertise in what family and sexual violence victims and offenders need. The Task Force also believes that without the commitment of community-based front-line service providers, no strategy for addressing family and sexual violence will work.

For these reasons, the Task Force refers throughout this report to the need for consultation or collaboration with the community or with front-line community workers.

The Task Force believes that all government policies, programs and services to address family and sexual violence should be planned, developed, implemented and evaluated in consultation with or in collaboration with the community. The Task Force also believes that the "community" must include those groups which are often invisible in our social structures – immigrants, refugees, people of colour, elderly people, people with physical or mental disabilities, lesbians and gay men, people who are poor and people who live in rural and isolated areas.[1] It is very important to address the needs of aboriginal people for participation in planning and decision-making and for control over their own services, for aboriginal people have a particular history of marginalization in our society.

The Task Force does not include the word "meaningful" every time it refers to consultation or collaboration. However, it is important to make explicit the Task Force belief that consultation or collaboration is not worth undertaking unless there is a commitment that the process be a meaningful one.

The Task Force has heard many people express cynicism about government's commitment to meaningful consultation. People know when only lip service is being paid to the concept of consultation, when the community's voice is not being heard. People have told the Task Force they do not have time for this type of consultation and that they will not recognize the validity of the results of that kind of process.

By meaningful consultation, the Task Force means a process which allows enough time for the community to participate, that asks for community participation and input early on in the planning process; that makes it possible for groups to participate, including providing accessible transportation and accommodation and hearing and visual aids where required; that truly takes community input into account; and that is committed to accountability back to the community throughout the process.

Community-based front-line workers have told the Task Force what they see as the priorities for action. The recommendations of *Is Anyone Listening?* reflect their experience.

Inclusion of Groups that are Particularly Discriminated Against

The Task Force is committed to the goal of ensuring that groups that are particularly discriminated against by our society are included as core participants in government decision-making processes. The best way to work towards a truly inclusive process is to have people from those groups at the table where decisions that affect them are being made.[2]

The Task Force recognizes the initial difficulties inherent in a practical commitment to this principle of inclusion. It is aware that there may not always be people within government from these groups who might appropriately be assigned to sit at tables where policies, programs or services are being developed. It also recognizes this difficulty as part of the problem. It therefore has taken the position that, where representatives from groups which are particularly discriminated against by our society are not available within government to participate where decisions that affect them are being made, they must be found from within the community.

Victim-centred Perspective

Throughout the report the Task Force emphasizes that a victim-centred approach must be taken to the creation, implementation and evaluation of policies, programs and services to address family and sexual violence. This means that the experience and needs of victims are the primary focus. Where a particular service or program is for women, women's reality must underlie all its aspects; where it is for elderly people, their particular needs must be paramount; and where children are the target group, the policy or service must be focused on the specific needs experienced by children. The perspective of the service shapes not only the goals and the structures of the services delivered, but the fundamental definition of the problems.

In a victim-centred service, the efficiency needs of the system take second place to the needs of the victim for empowerment. The process of moving from a state of victimization and powerlessness to a state of strength takes time and a great deal of support. That process may not be consistent with an organization constrained by time and the legal system.

What is important here is the perspective and the goals that are adopted in the development of a policy or the delivery of a service. While the needs and constraints of the system clearly must be taken into account, it is the needs of the victim that must drive the response to family and sexual violence.

A women's centre may be more inclusive in what behaviour is termed Family/Sexual Violence than would the Crown counsel or a victim's support service. Out of these biases can come mistrust and some very interesting philosophical and value arguments about what is Family/Sexual Violence, that misses the victim's need to be believed and have the violence stop.
– Dawson Creek, New Horizons Alcohol and Drug Program, submission to the Task Force

The Need to Distinguish between Community-based Services and System-based Services

In B.C. we have a hybrid service delivery model for responding to family and sexual violence.

The term "community-based services" is used to describe services that are community agency based, even if these services are funded by the government. They are distinct from system-based services, which are services operated directly out of government ministries or police departments or detachments. Services are considered system-based even if they are offered out of government offices at the local community level.

This is a distinction which the Task Force understands to be a meaningful one from the perspective of the consumer of services.

. . . It works well in our community that the women's shelter and the victim assistance program have the same coordinator. Therefore the pay is better and service is more continuous. [There is] respect for that position.
– Revelstoke Women's Shelter Society, submission to the Task Force

Historically, the response to family and sexual violence was initiated by concerned women and men at the local level. The institutional response, in the form of funding community agency or community-based services or the establishment of direct government services, followed. For example, to address the issue of violence against women, feminists set up women's centres, sexual assault centres, transition houses, and outreach programs for battered women. Community response to child abuse dates back to the first decade of this century with the formation of the children's aid societies. They were often established under the auspices of religious institutions. It took a great deal of effort to keep these resources operating. Government funding was usually eventually obtained, but often only on a partial basis.

We make the victim be heard in court. We take the mystery and inaccessibility out of the court system. By approaching victims, we allow them to feel powerful. Left to themselves, victims are overwhelmed by the fight involved to stop the violence.
– Powell River RCMP Victim/Witness Unit, submission to the Task Force

Later, government services were established and "in-house" victim/witness services were set up within police departments or detachments or within prosecutors' offices.

Community-based and system-based services have different loyalties and commitments. On the one hand, the community-based agencies identify their loyalty to the victim as being paramount. They are victim-centred, which usually means woman or child-centred.

System-based programs, such as police-based victim assistance programs, as well as having a commitment to the victims, have a commitment to the values and structures of which they are a part. This does not mean that police or Crown-based victim assistance programs do not also support and empower victims. They do. It means that the ability of system-based programs to provide clear and strong advocacy for victims in situations where their own system may be part of the problem is compromised.

The difference between these bottom-line loyalties needs to be openly acknowledged and respected. There are strengths and limitations in both approaches. The best model of service delivery from the victim's point of view is one that builds on the strengths of both.

There must be a genuine commitment to fostering and funding both kinds of services, and to recognizing the legitimacy of the role of victim-centred, community-based service to exert pressure "from the outside" for more institutional change. The relationship of the two models needs to be one of partnership and close cooperation within that context.

The Task Force found that the public perceives a clear distinction between direct government services and community-based services, even when those community agencies are government funded.

Increase funding for . . . community based victims assistance projects. (Crown & police-based get coopted by their systems) . . . reevaluate the whole practice of contracting out services for victims. Some belong with government (eg. child care workers) and some belong at arms length of the government (eg. advocacy/victims assistance).
– from Nelson Advocacy Centre, submission to the Task Force

The victim assistance program was often cited to the Task Force as an example of a service that has become unclear about the differences between community-based and system-based priorities. It was pointed out that because system-based services must have a commitment to the system to which they are attached, they are not always able to provide effective advocacy services to victims.

The Task Force urges that the victim assistance program acknowledge the necessity for a clear understanding of the difference between victim-centred, community-based services and system-based services. This understanding must underlie the operation of the program in a way that serves victims' advocacy and direct service needs.

A discussion of the victim assistance program is included in Appendix 6.

The Need for Advocacy

Victims and people at risk need advocacy support from workers who have specialized experience in the complex personal dynamics of the abuse, and in the legal, financial and practical issues involved in responding to the abuse.

An advocate must be independent of the systems with which she works. Her paramount commitment has to be to the victim.

Advocacy often has to be partisan and adversarial, performing a "watchdog" function and seeking remedies when rights are infringed. It involves conciliation and negotiation in unequal power situations, where the vulnerable person has the least power. It also involves an ability to work well with systems representatives while remaining completely committed to the client.

The goal of advocacy is to empower. As the victim is relatively powerless within, for example, the justice, health or social service system, an advocate can help redress the balance of power to help the victim get what she needs. But the goal of advocacy is not to do it for her – it is to empower her to do it for herself.

Advocates need to be familiar with the social and political context of the violence so that they have insight into how to deal with the problems likely to be encountered within the legal system, the social services system and the health system. These systems are complex and intimidating to almost everyone who doesn't work in them. They are especially intimidating to victims who are also having to deal with the trauma of the abuse.

Advocacy within service agencies can be a powerful tool for social change. Advocacy on behalf of individuals can lead to systemic change.

Is Anyone Listening? identifies a recognition of the role of community-based advocacy as a priority for government response. Throughout this report, we indicate the specific need for ongoing advocacy and support from outside the system, by a worker whose loyalty is not divided between the system and the victim or person at risk.

> *I would like to see more time spent as an advocate to sit in the courtroom . . . making it highly visible that the process is being monitored, thereby possibly effecting changes within the system and judges.*
> – Port Moody Victim Services, submission to the Task Force

Government should fund this advocacy as part of community-based and community-controlled victim support services because it is in everyone's best interest, ultimately, to have a system that works for victims.

While some calls have been made for advocacy centres to be established as distinct services within local communities, the Task Force believes that advocacy should be added to the mandate and the budgets of existing services for victims.

The Task Force believes that since service delivery and advocacy go hand in hand, and since most community-based agencies advocate on behalf of their clients in any case, it would be more cost-effective for existing service agencies to be funded to provide this service.

This focus on an enhanced advocacy role for community agencies serving victims is not meant to imply ignorance of or disrespect for the advocacy role played by many system-based services. It simply recognizes the limitations of that role.

The Task Force understands that advocacy is not always an easy role to perform effectively. Agency staff may need to be trained to provide advocacy in the most effective way, and system personnel must be educated about the need for victim advocacy and the enhanced role of agency staff in providing this service.

The Need for a Coordinated Response

Whenever the issue of improving responses to family and sexual violence is addressed, the need for coordination is raised. Coordination is required in program development, funding, staff training, research and evaluation, as well as with responses at the local level, including services for victims, the criminal justice response, and offender treatment.

Coordination has been a key goal of government and community responses to child abuse for many years. A coordinated, inter-ministry response was officially endorsed in the 1979 *Child Abuse/Neglect Policy Handbook.*

Calls for a coordinated response cited in the 1979 *United Way Task Force on Family Violence Report* are reflected more than a decade later in the submissions to this report.

Government and community agencies responding to wife assault have now taken a strong stand in support of a coordinated response, with the development and funding of six wife assault coordination projects in 1990.

We need greater and better co-ordination of child abuse assessment and planning and need to put effort into supporting community workers of this town who are making good attempts to improve the services. (Nelson)
– quoted in the *United Way Task Force on Family Violence Report, 1979.*

Learning from other initiatives, the government and community agencies currently responding to abuse of elderly people have incorporated strategies for coordination right from the start.

Coordination initiatives have often been happening in the community long before they are officially recognized, endorsed and funded by government. On the other hand, written government policy on coordination may not, in fact, be implemented at the line level.

Coordination is a much touted and often little understood process. It is of utmost importance, therefore, in any attempt to enhance coordination of resources at any level, that coordination be defined, its parameters outlined, and monitoring and accountability clearly understood.

In order for coordinating bodies to work effectively, issues of mandate, process, confidentiality, monitoring, accountability and representation on committees must be clarified. Everyone must be clear about what the task is, and what their commitment is to that task.

The result of successful coordination is genuine community participation in decision-making. The final outcome is more effective and wholistic services for those who are being abused, where all of their needs – from immediate police protection to long-term counselling – can be met.

Inter-agency cooperation and community consultation must be mandated by Provincial and local agencies, and required in minimum practice standards of field staff.
– Battered Women's Support Services Survey of Health Services for Battered Women, 1991

Models for Coordinated and Accountable Service Delivery

In this report, the Task Force refers to the need for models or strategies for the development and coordination of responses to, for example, wife assault and sexual assault, custody and access disputes, and the needs of aboriginal people.

The Task Force believes that a comprehensive, coordinated approach to these problems provides not only the best response to victims' needs but offers the best chance to make effective use of limited resources.

Coordination was raised constantly throughout the Task Force's deliberations as both an essential and an illusive component in an adequate response to family and sexual violence. At the same time, a comprehensive approach to these issues is feasible in these times only if effective and efficient use is made of every dollar spent.

This dual need for coordination and a comprehensive approach has led the Task Force to examine the potential of comprehensive, coordinated models for the implementation of policy and the delivery of services in response to wife assault and sexual assault,[3] the needs of women and children involved in custody and access disputes where family and sexual violence is alleged, and the needs of aboriginal people for a wholistic approach. Such models must be designed to make maximum use of existing resources, reduce overlap in services, and meet

Many groups, volunteers and agencies provide service ie. Parents-in-Crisis, Victim Support Service, Alanon, Family Court Counsellors, Ministry of Social Services . . . RCMP.

In a small community individuals know one another, making communications and referrals direct and quick. The "professional" response works well for the client and her family in most cases.
– Powell River Community Services Association Safehouse, submission to the Task Force

the widest range of needs possible within limited resources.

These models should be built on what already exists and works well within the community and will therefore vary from location to location. However, the need for consistency and accountability in the implementation of policies and in the delivery of services exists in all communities, and models must address these needs.

Difficulties and challenges will arise in every community's attempts to respond to these issues. A structure for the planning and coordination of service delivery, and a planning process which allows a community to identify its own priorities and develop strategies to meet its own needs within a situation of limited resources, offer the greatest potential for meeting those challenges.

Other Levels of Government

Both the federal and the municipal levels of government also have roles to play in dealing with family and sexual violence.

The federal government plays a direct role in funding initiatives to address family and sexual violence, including training, public education, research and demonstration projects. It also operates The National Clearinghouse on Family Violence, which provides information on topics concerning family violence. The federal government does not directly fund ongoing service delivery or training of provincial staff, both of which are considered provincial responsibilities. However, it participates in the funding of these activities through federal-provincial cost-sharing agreements.

A description of the most recent federal family violence initiative can be found in Appendix 7.

At the municipal level a range of projects directed at family and sexual violence has been developed and supported. In Victoria, a Mayor's Advisory Group on the Prevention of Violence Against Women, Children and the Elderly has resulted in a number of innovative initiatives including the spousal assault support worker, the Spouse Assault Coordinating Committee and the Victoria Elder Abuse Project.

In Vancouver, the Safer City Task Force was announced in the fall of 1991. The Task Force will address urban design issues in safety, campus violence, and family violence. It will report in the summer of 1992.

Municipal governments throughout the province pay all or part of their policing costs and share with the provincial government the costs of police-based victim assistance programs.

Both the federal and municipal governments have been part of an initiative across Canada that is looking at ways to build safer communities. A number of conferences over the past couple of years have started to bring together police, people involved in community crime prevention and agencies addressing the needs of victims of crime, to take part in a public dialogue. The goal is to find positive ways to make cities safer places, especially for vulnerable populations such as women, children and people who are elderly or have disabilities.

In British Columbia, the B.C. Coalition for Safer Communities is an umbrella organization of community groups, government representatives, the police and individuals who take a social development approach to crime prevention.

The British Columbia Healthy Communities Network is a province-wide group of organizations and individuals, including government workers, community members and health professionals, who cooperate on projects to promote healthy communities. The Network's activities have included projects to make the community more accessible to people with disabilities and public policy and social planning initiatives.

Emotional Support, Counselling and Treatment

The Task Force makes a distinction among emotional support, counselling and treatment. While it recognizes that often there is little or no distinction in practice between emotional support and counselling and between counselling and treatment, it nevertheless views these as points on a continuum of interventions.

Victim assistance programs, for example, are funded to provide emotional support and workers are trained in "advanced communication skills." They are not funded or trained to provide counselling, which is considered to be a more intensive, longer-term intervention requiring skills that are not a required qualification for victim assistance

The inadequacies of the [victim assistance program's] approach to counselling services is a serious problem. Women who are dealing with feelings of violation, fear and shame in the wake of a rape need more than just information about their legal options. Women who have suffered emotional, physical and sexual abuse at the hands of a batterer need counselling and support before they can even leave battering relationships.
– Lois Leveen, "VAPid Approach," *Kinesis,* December 1991

workers and which are not included in the core training curriculum.

Those sexual assault centres, specialized victim assistance programs or women's centres which provide counselling to victims must fundraise to do so. Workers may be qualified professional counsellors or may be lay counsellors trained on the job. In either case, agency training includes counselling skills in the context of family and sexual assault. As a result of the counselling relationship, a worker may continue to see a client for some time after a court case is completed or may counsel a client even if she decides she is not currently in a position where she wants to report the assault to the police.

The term treatment is used in a more specialized sense in this report, to refer to a specifically therapeutic relationship between a mental health professional and a victim.

Generally speaking, these terms can be distinguished on the basis of the length and intensity of the intervention; on the basis of its focus on a specific service delivery situation (such as going through the justice system) versus a general therapeutic focus; and on the amount of training and skill required to address the needs of the victim client.

We have also used the term treatment to describe programs designed to change the abusive behaviour of men.

Quality Assurance

The Task Force is more concerned about the quality of services provided than the formal credentials of the service providers.

While it welcomes increases in services in this area, it is concerned about the dangers inherent in the sudden proliferation of programs and of private counsellors offering their services to family and sexual violence victims or offenders. There are very few controls on who can "hang out a shingle."

However, the Task Force is equally concerned about over-professionalizing this service delivery area, which could result in medicalization of non-medical problems and services that are far more expensive than they have to be.

The Task Force favours an inclusive rather than exclusive approach to quality assurance, based on quality assurance guidelines rather than formal accreditation.

The use of trained lay counsellors and the guidelines for treatment currently being developed by the Association of Counsellors for Abusive Men provide two examples of the type of approach the Task Force encourages. Associations such as the B.C./Yukon Transition House Society, the B.C. Association of Police-Affiliated Victim/Witness Services, and the association that is currently being formed by sexual assault centres and specialized victim assistance programs could be vehicles for the development of standards of conduct or quality assurance guidelines for their member agencies.

Funding decisions could be guided by such factors as commitment to standards of conduct or quality assurance guidelines, which could be reflected in contracts.

Self-help

The Task Force defines self-help as initiatives undertaken by victims themselves to help themselves and others in a similar position to deal with some of the difficulties they face as a result of their victimization.

The most common example of a self-help initiative is a self-help group, which consists of a group of people who share a common problem and who get together on a regular basis to discuss their problems and possible solutions, within a structure which they define for themselves.

Many self-help approaches exist, including the traditional Alcoholics Anonymous model and a feminist model of women striving to empower themselves through sharing.

The Task Force supports a self-help approach to services for victims. However, the Task Force also believes that it is important to recognize the limitations of a self-help approach and to enlist the help of professional or lay experts when this is required.

Self-help should not be seen as a substitute for expert help when the situation is sufficiently complex to demand an expertise beyond that possessed within the group.

The government should support self-help by such means as the provision of meeting space and limited staff or funding support where required. But it should not see it as an inexpensive alternative to resolve complex and demanding problems that require complex and intensive solutions.

A partnership between self-help and professional help may often be the most effective approach.

The Need for Enhanced Funding

The heart of each chapter details the acute need for more crisis intervention and ongoing support services. Those services that do exist are uniformly understaffed, under-resourced and unable to meet demand.

In Smithers, for example:

> "The area we cover is enormous with many isolated villages that are hard to reach . . . our need for more program development and facilities is essential to addressing the problem of family violence. Specifically Smithers needs more mental health workers, legal aid service that isn't a disaster, child care counsellor in the transition house, an abusive husband and sexual offender program, native family violence worker in each band, education for the justice professionals, a crisis outreach worker, 2nd stage housing, sexual assault organization and better appreciation and pay for the over worked staff in the available services. I suppose that is it in a nut shell."
>
> – Smithers, Passage House, submission to the Task Force

There is a hierarchy of "haves" and "have nots" i.e. government agencies and non-profits and this means that those who most often work with the victim have the smallest voice, least power, least money, etc.
– Nelson Advocacy Centre, submission to the Task Force

Family and sexual violence is at crisis proportions. Given a situation of fiscal restraint and decades of underfunding of services, we need to consider innovative ways to address this crisis. We have no choice but to pay the costs of violence. The demands on the province's resources are just as real whether we choose to pay the costs up front, through prevention and early intervention, or by installment, over the lifetime of those who are suffering its effects.

Over and over, the Task Force has heard about the problems arising from a lack of services and underfunding of existing services. The impact on service providers, victims and the communities in which they live is profound. Long waiting lists for service and incessant staff turnover and burn-out are the rule.

The Task Force has heard the suggestion that significant re-allocation of existing funding may be the only realistic way to adequately address the needs. If 20% or 25% of all hospital emergency patients are victims of family or sexual violence, then 20% or 25% of emergency departments' budgets should be allocated directly to serve these patients. Similarly, if 15% or 30% of all police calls are to respond to family and sexual violence, then 15% or 30% of police resources should be dedicated directly to family or sexual violence work.[4] For example, one way to re-allocate resources would be to establish special response units within the police, or special teams made up of police, Crown counsel and judges, to deal with crimes of violence against women or to specialize in sexual assault or wife assault. Another suggestion would be for funding to go toward the development of special hospital teams to respond to cases of violence against women who attend at hospitals.

[We have] problems with instability of short term programs ie. pilot programs demonstrate community need, however ongoing funding is not available. Clients begin to feel hope that service is available and then the funding is cut, leaving the workers, clients and entire community frustrated and more angry than before. Many times the reasons for these cuts are not made public. . .
– Williams Lake Child Development Centre, submission to the Task Force

The Task Force would support such a redefinition of funding priorities.

Piecemeal and inadequate funding increases will not solve the problem. These may placate temporarily and ultimately may increase frustration and cynicism. Desperate problems demand radical solutions.

Most women's organizations have been working with abuse for decades and know the issues and all their complexities. We also know that we have been providing "band-aid" support due to lack of funds. If we tell our community abuse is not tolerable . . . and then don't provide adequate services for those courageous enough to want to change – this seems inexcusable.
– South Surrey/White Rock Women's Place, submission to the Task Force

In these times of restraint, it is unlikely that new funding will come close to meeting already identified needs. The Task Force is concerned about making recommendations that may result in the establishment of new under-funded services that will face many of the same problems faced by current programs.

When a society is unhealthy - as our society is - then scarce resources need to be re-allocated to help it regain its health. Spending must be prioritized. Some difficult decisions may have to be made about what may be considered "frills" in a society facing a terrible malaise in a time of fiscal restraint.

The Task Force has heard much appreciation for the services provided by victim assistance programs. However, it has also heard concern expressed that the government may feel that it has "covered" the area of services to victims by funding this and a few other programs. Service providers both within and outside this program have pointed out that its focus on the criminal justice system means that counselling, treatment, self-help support groups and prevention initiatives are often neither adequately provided for in these programs, nor

What we need . . . is reliable core funding. Although additional grants to write pamphlet or coordinate a special event might seem appealing, specialized funding forces groups to work on one project at a time. With secure general funding, we can plan ahead. In addition, guaranteeing that each group's basic expenses will be met allows them to do what they are created to do – to serve women in need.
– Lois Leveen, "VAPid Approach," *Kinesis*, December, 1991

funded elsewhere.

What is needed is adequate and reliable funding that enables services to be delivered in a stable and planned way. The Task Force has initiated a process to develop a funding model that would establish a coordinated approach to funding from government, so community agencies would not have to continue to apply to various ministries and branches for funding for various components of their service. Given the importance of stable ongoing funding for community agencies, it is critical that this model include ongoing core funding. While a coordinated "one-window" approach to funding will simplify the funding process for agencies, it will not address the issue of stable, adequate, ongoing funding.

The Need for More Training

Each chapter also explains the urgent need for more education and training in the dynamics of family and sexual violence and the socio-cultural context in which this violence takes place. Training is needed for justice system personnel, health and social service providers and educators at all levels. This training should include training in policy implementation and service delivery, as well as cultural sensitivity, "unlearning" racism and homophobia, sensitivity and skills in relation to people with disabilities, and gender bias.

A particular concern brought to the Task Force by many who work in the field is lack of understanding by judges of the dynamics and seriousness of family and sexual violence and of the victim's perspective.

The difficult and important work of attitude change must be part of all training programs.

Enhanced training is required by government and community agency staff alike as well as within the colleges and universities that train future workers.

Colleges, universities and professional schools do not prepare professionals – whether social workers, nurses, doctors, lawyers, early childhood educators, teachers or counsellors – to deal with family or sexual violence.

A few optional courses are offered at professional schools, most often in child abuse. A range of continuing education courses are available, most notably at the Justice Institute of B.C., which has done pioneering work in training on family and sexual violence issues.

Government should press the issue of mandatory training for RCMP, judges, family court counsellors, Crown lawyers about wife assault, needs of the victim, why women stay, historical context of wife abuse, so that the justice system is more supportive of the victim instead of having a "blame the victim view."
– Terrace Transition House, submission to the Task Force

[One of the most important recommendations is] mandatory sensitization training for judges on the dynamics of wife assault and child sexual abuse. This should be incorporated into law school so it also covers Crown and defence lawyers.
– Campbell River Family Services, submission to the Task Force

A preliminary survey of availability of courses on violence against women as a topic in university programs in British Columbia was conducted for the Inter-ministry Committee on Family Violence in late 1990. In general, the findings were that very little exists.[5]

A description of some of the training provided to justice system and social services personnel is included in Appendix 8.

The Need for Prevention

The ultimate goal is prevention. This report supports a wholistic approach to prevention, one that takes account of the relationships among individuals, families, the community, and institutions. It maintains that effective prevention must be rooted in community-based programs as well as be an integral part of government policy, programs and services addressing family and sexual violence. It maintains that in order to reduce violence we must change values and attitudes as well as behaviour.

In the school system . . . it should be mandatory curriculum to offer a Family Skills course which includes communication and assertiveness skills . . . awareness of equal rights for women [and] explode the myth of the happily married woman whose husband looks after her.
– from Shuswap Family Resource Referral Centre, submission to the Task Force

The Task Force believes that prevention programs for children and youth, for parents, for professionals and for the general public, must address the roots of the problem – values and attitudes regarding gender roles, sexuality and the use of power. This conviction was echoed by many of the submissions received. The Task Force was impressed by the degree of consensus among respondents that the basis of society's tolerance of violence against its vulnerable members is social attitudes about gender inequalities and other inequalities and about the misuse of power.

Public education should be value focused as well as practically focused. The strategy should be based on an approach that emphasizes local development and local control. Materials should be culturally appropriate, available in languages other than English and accessible to people with disabilities.

Front-line agencies which the Task Force heard from strongly recommended local control over public education campaigns. These agencies have the expertise and experience to do this work and should be funded to carry it out. Some coordination of materials, production and distribution by government would make local public education efforts more efficient and cost effective.

While province-wide public education campaigns can be helpful, they should not be a funding priority at this time. The March 1991 provincial public awareness campaign put increased pressure on some front-line agencies. If a similar campaign is launched at some time in the future, it is essential that demands on services be carefully monitored and money be available for any increased demand for services.

Other prevention strategies must include child sexual abuse prevention programs, relationship and parenting courses and self-esteem projects for women, children, and persons who are elderly or who have disabilities. One such parenting course, *Nobody's Perfect*, which is widely used in the province, is described in Appendix 9.

What is needed is a comprehensive long-term prevention strategy, including community education and school-based prevention education as well as a prevention mandate for all ministries offering programs or services that may serve family and sexual violence victims or offenders or those at risk.

Social policy must change to promote and support the equal value of all members in society. This will require the commitment of resources, and a commitment to action, by governments and social institutions to change policies which explicitly or implicitly support aggressive behaviour by any members of society.
– Registered Nurses Association of B.C., submission to the Task Force

Gender-neutral Terms

When gender-neutral terms are used, particularly within the legal system, they can assert an equality between women and men which does not exist in the world, and this assumption of equality can work against women's interests.

In recognition of the problems posed by gender-neutral language, this Task Force has generally used the feminine pronouns, "she" and "her" when talking about the person who is abused. Sometimes we include males who are abused, such as elderly men, same-sex male partners, men with mental or physical disabilities, and boys who are physically or sexually abused. The use of the female pronoun in no way seeks to deny or trivialize the pain of males who are abused.

Prevention services [must be] aimed at enhancing children's (and parents') self-esteem, critical thinking, and communication skills and helping them with impulse control and anger management, as well as raising their awareness of sexual stereotyping. Prevention must be viewed by society as its best investment in the future.
– Vancouver Health Department, submission to the Task Force

Gender-neutral terms, such as "spousal assault", do not acknowledge reality. The term "spousal assault" for example, suggests it may just as often be men who are being abused and terrorized and beaten, when this is simply not the case.

We do not in any instance use the term "family violence" as a euphemism for wife assault.

In talking about violence, being clear about who is doing what to whom is part of acknowledging the reality of abuse, not sanitizing it or minimizing it.

In the overwhelming majority of cases, it is men who are assaulting women or children.

The Challenge of Change

Our response to family and sexual violence must acknowledge its pervasiveness, its complexity, and its links to the values and economics that underlie our entire society. It must include long and short-term strategies for prevention and intervention; services for victims, their families, and offenders; coordination; and research.

The challenge of change is enormous. In order not to become overwhelmed by the task facing us, we must acknowledge how our work fits into the process of change that has gone before us and that will come after us. We must determine our priorities, set ourselves achievable goals, and know that each goal achieved, no matter how small, is one step closer to our ultimate goal, which is to live in peace within our families, and to be safe within our communities.

ENDNOTES

[1] The Task Force is aware that not every policy, program or service will relate to every group that is particularly discriminated against by our society. For example, child abuse policy does not impact on the abuse of elderly persons. Where there is clearly no impact on a particular group, consultation with that group is not required.

[2] Same as 1 above.

[3] A protection model for battered women was put forward by the Women's Research Centre in January, 1982 in *A Study of Protection for Battered Women*.

[4] This suggestion came from Peter Jaffe in a discussion at a meeting with the Federal Panel on Violence Against Women, in Vancouver in January, 1991.

[5] Janice Sutherland, *Violence Against Women as a Topic in University Programs: A Very Brief Overview*. Unpublished report for the Inter-ministry Committee on Family Violence, 1990.

III. Wife Assault

1. Dimensions of the Problem

> *"Men beat their wives because they are permitted to do so and nobody stops them, and women are beaten because they are trained and forced and maintained into dependence and nobody helps them . . ."*
> – Gene Errington, United Way Symposium on Family Violence, Vancouver 1977

> *"Violence has a male face. The greatest threat for women comes from the men they live with."*
> – Neil Boyd, Professor of Criminology at SFU, Vancouver Province, December 1991

Incidence

◆ *At least one in eight Canadian women is assaulted by her husband or live-in male partner.*[1]

◆ *One quarter of Vancouver's 41 homicides in 1991 were a result of male violence within the family.*[2]

◆ *On average, during 1990 in Canada two women were killed by their partners every week.*[3]

◆ *One million women in Canada are abused physically by their husbands or partners each year.*[4]

◆ *62% of women murdered in Canada in 1990 died as a result of wife assault.*[5]

◆ *Women are 13 times more likely to be abused in their own home than by a stranger on the streets.*[6]

◆ *95% of the victims of "spousal assault" are women.*[7]

◆ *It is likely that between 50,000 and 70,000 school-age children in British Columbia have witnessed violence directed against their mothers.*[8]

◆ *A study in Prince George of 500 women from nine neigbourhoods found that six out of 10 had experienced physical violence from their husbands or boyfriends.*[9]

Introduction

Twenty years ago, when the women's movement first began to identify and work towards eradicating wife assault, it was found that women were being assaulted by their intimate partners in appalling numbers.

The scope of the problem is alarming, and the consequences of the abuse, a matter of life and death.

Today, a woman in British Columbia is more likely to be killed by her partner than by anyone else. She is more likely to be injured by her partner than she is to be injured in a car accident.

Programs and services for women assaulted by their partners, and the analysis of wife assault, began in the women's movement in the late sixties and early seventies. Typically, women would start a women's centre. The women's centre would receive numerous calls from women who were being beaten. In response, the women's centre would begin to lobby government for services such as a transition house.

Wife assault services therefore began as community-based, woman-centred services. Over time, government involvement in the provision of services grew. As well as funding community-based services such as transition houses, government also set up services that were systems-based, and contained Crown counsel offices or police forces.

The result in the area of wife assault is a hybrid of community-based woman-centred services and system-based services.

Definition of Wife Assault

Wife assault is the physical assault or the threat of physical assault against women by men with whom they have, or have had, an intimate relationship, whether or not they are legally married or living together at the time of the assault, or threat.[10] We use the term wife assault instead of spouse assault because it is men who beat women in 90 percent of cases. (The Criminal Code definition of assault is included in Appendix 10.)

Physical assault is the most obvious form of wife abuse. It can involve slapping, punching, kicking, pushing, choking, or hitting with an object. It can also involve the use of weapons, such as guns, knives, axes and cross-bows. Wife assault also includes sexual assault. Changes to the Criminal Code in 1983 made it a crime in Canada for a man to force his wife to have sexual relations against her will.

Wife assault is typically multi-dimensional, involving various types of psychological violence as well as physical or sexual violence. Psychological violence includes making threats against the victim and her loved ones, making degrading comments to her, and forcing her to do humiliating things.[11] It also includes controlling resources, depriving the woman of money, or not allowing her to do ordinary things such as get a driver's licence.

Destruction of pets or property may be involved. If the assaulter takes a rifle and shoots her dog, the message may be "next time it will be you."

Many women reported being described by their husbands as "ugly," "a fat pig," "an old bag," "garbage," "a whore," a "slut." One woman said that if she did pay attention to her appearance, her husband would say she did it "for other men."
– Jan Barnsley, *Battered and Blamed*

The Social Context of Wife Assault

Cultural Factors in Violence

The notion that it is a man's right to have power and control over his wife is embedded in many societies. Male violence against women is hidden in the home, treated as a personal matter by the community, and tacitly condoned by attitudes which approve of male dominance and blame the victim for "provoking" the violence.

We need more attention paid to the dynamics of power, property and sexism within the culture which create the situations which lead in great part to the beginnings of family violence.
– quoted in *the United Way Task Force on Family Violence Report,* 1979.

There are numerous social facilitators of wife assault. They include a belief that wife assault is part of the "natural" social order, a belief that has traditionally been reinforced by religious institutions, as well as government. According to this belief, the abuser sees himself as legitimately entitled to his partner's service and obedience.

The objectification of women is also a social facilitator of abuse. Abusers have a strong tendency to depersonalize victims prior to and during an assault.[12] Abusers find continual reinforcement for their objectification in the world around them, where women's bodies sell products, and where pornographers profit from images of torture and mutilation of women and children.

Traditionally, the woman is seen as being the one who keeps the family together, and who sets aside her own needs to do that. Our society assumes that if she is being beaten, she must not be a "good wife." If she stays with her partner, society further assumes, she must either enjoy the abuse or not see it as a problem. Victim-blaming is a deeply rooted social facilitator of violence.

Social facilitators include an economy where women are exploited and work for approximately 60% of what men earn. Sometimes this is reinforced on an individual level, where the abuser has the power to control the victim's access to employment and education.

The abuser's ability to use physical violence and to get away with it are also important facilitators of the violence. Former batterers have offered three reasons for why men batter: because it works; because they get away with it; and because society tacitly condones the use of male violence against women.[13]

Within our legal system, a wife was for centuries legally defined as her husband's property, and like other private property, a wife was his to do with whatever he pleased. The man was the head of the household, and his wife, as part of that household, was his to control. Society's perception that the home is a private place, where emotional problems are solved behind closed doors, makes revealing problems to outsiders shameful and makes outsiders reluctant to intervene.

The first legal reforms still sanctioned the basic concept of wives as property, but regulated the degree of violence a man could use against his wife. Eventually wife battering as a practice was recognized as a crime, but was punishable only if the woman could prove sufficient bodily harm as a result of the assault. For example, the Canadian Criminal Code required that a woman assaulted by her partner had to prove a greater degree of bodily harm than a woman assaulted by a stranger.

This provision was not removed from the Criminal Code until 1965, when wife assault was legally recognized as being equal to any other assault.

The Intent is to Maintain Power and Control

As one researcher comments, adult relationships, and marriage, are in effect a "hitting licence" which legitimizes physical violence by men against women.[14] The presumed right of the one partner, the man, to enforce power and control over the other, the woman, through physical assault, has been and still is greatly aided by society's view of the home as outside the realm of intervention.

Violence is used by batterers to establish their position of authority over their partner. The violence is not simply an act of temper or loss of control. A batterer uses abusive tactics to control his partner's actions. He succeeds because of her fear and isolation.

A batterer may use any combination of a number of different techniques to assert his power and control over his partner. These may be physical, sexual, economic, or emotional in nature. For example, a man may humiliate the woman in front of guests. Or he may hit her in front of his friends, to prove that he is "a man" and is in charge of his wife. Or he may tell her that if she leaves him he will find her and kill her, and kill the children, and her family, and/or himself.

Emotional abuse is insidious. Some survivors say it hurts far more than physical abuse, and that the lasting damage is more extensive. There is no legal recourse.

Physical and sexual violence can be combined. The aim of these tactics is to hold on to power and control, and physical assault is the final weapon, the one that makes all the others effective.

These tactics may be very difficult to detect at first, but they creep into a woman's relationship until one day

The only freedom I had was when I went to work. When I was late coming home he had a bottle of acid to throw at me.

When I went to visit the neighbours next door, he would bang on the wall between the suites to get me to come home to change the TV channel.
– Battered women, in *Battered and Blamed*

Don't ever open your mouth to speak to me unless it's really important. You're so stupid I don't think you'll ever say anything important.
– From the log at Battered Women's Support Services.

Eight years of this kind of treatment left the woman with extreme difficulty in speaking, and requiring speech therapy.

she realizes how they are affecting her.

The abusive tactics get more extreme over time. Eventually they may be lethal.[15]

Women's Response to Battering

Women who are being battered want the abuse to stop.[16] They want protection for themselves and their children. They often want help for the abuser as well.

When they first begin to confront the abuse, battered women tend to internalize blame, and feel that they are in some way responsible for the abuse. They may minimize the seriousness of the abuse, and protect the men who are beating them. Often they take the step of leaving in order to protect the children, rather than themselves.

Women who are battered may have also experienced abuse as children, and may have alcohol and drug dependencies. Because of that former abuse, they may see themselves as being unworthy, unlovable, and incompetent. They may feel they deserve to be beaten. It is important to remember, however, that not all abused children go on to be victims in adulthood, and that not all victims of wife abuse were abused as children.

It is very hard for women to leave abusive relationships. There are tremendous social and emotional pressures to stay. A battered woman may stay because she believes the children need a father, or that the children's lives will be ruined if she shames the family by leaving. She may stay because she is convinced that she has no education and skills, or that he really needs her, or because she fears for her life.

There are also a host of economic and practical difficulties. For example, she may need to apply for social assistance for the first time in her life. She faces the questions: Will that be enough to live on? Where can I find a place to live? Will the children have to change schools? Typically, the woman who leaves the abusive relationship loses a lot more, in economic terms, than does the abuser.

Those who work with assaulted women say that 80% to 90% of women leave and return to the relationship more than once.

The abused woman may try marriage counselling to salvage the relationship. However, many assaulting mates will not attend marriage counselling voluntarily, and even if they do, counselling by itself may not be sufficient. Marriage counselling is often not a safe intervention. What is needed is a wholistic approach that may include, for example, support for the woman, separation of the parties, and court orders, as well as specialized counselling for batterers.

Building a new life for themselves and their children takes enormous courage for women who have been battered. But despite the discouragement they receive from all of our major social institutions, battered women do build strong and happy new lives.

Some say it takes five years to recover from a violent relationship. Some say it takes forever.[17]

Common Responses to the Abused Woman

As a woman recognizes that she is battered, she begins to look for help. Seeking help is often a negative experience.

Friends and family may disbelieve her, or may tell her that she is to blame, or that she should "stand by her man," or that she provoked him, or that a husband is justified in using violence to control his wife. Very often the assault is trivialized as a "fight that went too far." It is only a "domestic dispute," and something that must be worked out within the family. There may be very strong cultural sanctions against taking the problem to outsiders. She may be blamed for bringing disgrace to the family name.

Women may find that police, lawyers and the legal system are guided by rules set up to protect the rights of the assaulter with the concerns of the victims sometimes being a secondary consideration.

She may find that doctors, counsellors and other helpers do not have an in-depth understanding of her situation. The common belief that violence in the home is a family affair may mean that helpers are reluctant to intervene.

She may find herself pressured to do couples counselling and/or mediation. Those options may place her at a disadvantage, allowing the abuser to exploit his power while projecting himself as the "reasonable party."

My husband shot at me twice but he was so drunk he missed me. I locked myself in the bathroom and crawled out the window. I ran through a field in knee-deep snow with no shoes on. The neighbours took me to the hospital. The next day I was admitted to the psych ward for anxiety. I took several tests. When the psychiatrist met with me he said I had scored very high on the paranoia scale. I asked what that meant and he said, "It means you have an irrational fear that someone is out to get you."
– Duluth Women's Coalition, *In Our Best Interest: A Process for Personal and Social Change*

Young Women

A recent survey of 1600 young women of high school age in Nova Scotia found that 18% had been physically abused by their boyfriends, and 32% had been emotionally abused by their boyfriends.[18] Similar studies in Ontario reveal high incidence of physical and emotional abuse in dating relationships.[19] It is likely that studies of dating patterns in this province would reveal comparable results.

Young women may have limited sexual and dating experience. Their boyfriend is often the main source of information about what is or is not appropriate. Because young women grow up in a culture that places a high value on having a boyfriend, they may put up with violence in order to maintain the relationship.

Given that society constantly commercializes violence against women in the media, adolescents may see the violence as normal and acceptable.

A young woman who is trying to find help to deal with the violence may feel very isolated. She may be unable to seek help from her family because of family sanctions against her relationship with the abusive boyfriend, or because violence is accepted within her family.

A young woman may also be caught in the inter-generational cycle of violence. Either she, or her boyfriend, may have seen their father physically assault their mother. From that, they have learned that violence is normal, and is the way to maintain power and control.

Women who are Particularly Discriminated Against

Elderly women, immigrant women, women of colour, women with disabilities, lesbians, poor women and women living in rural and isolated areas face additional barriers in confronting wife assault.

Aboriginal women also face particular barriers in dealing with this issue. A recent study by the Ontario Native Women's Association found that 80% of the aboriginal women surveyed had been either sexually or physically assaulted.

Another recent survey, by the Disabled Women's Network of Canada (DAWN) found that 53% of women who had a disability from birth, and 40% of those who had developed a disability later in life, had been physically or sexually assaulted.

Later chapters of this Task Force report will take a closer look at the social context of violence against elderly people, aboriginal women, and women with physical or mental disabilities.

Lesbians can also be victims of assault by their intimate partners Abuse within lesbian relationships has the same characteristics as does heterosexual battering. Lesbian battering is about power and control and involves physical, sexual and/or psychological abuse. One study conducted in Toronto found that "20% of 189 respondents perceived themselves as having been subjected to some form of psychological, physical and/or sexual abuse in their lesbian relationships."[20]

A lesbian in an abusive relationship has few places she can turn to for support. She is likely to encounter homophobic reactions and/or denial or minimization of the abuse from virtually all types of helping organizations from social services, transition houses and counselling agencies, to the legal system. Since lesbian relationships are not legally acknowledged, as a battered woman she may face additional minimization of the abuse and lack of support from within the justice system.

Too often lesbian battering is mistakenly viewed as "fighting" between two women and not as the assault of an intimate partner.

A gay man who is abused by his partner likewise has few resources and no legal recognition of his relationship. He too faces many barriers in seeking help, including homophobic values that denigrate gay relationships.

Women who live in rural and remote communities face barriers in seeking help to deal with wife assault. In order to have access to a transition house or emergency shelter, they may have to travel long distances. Both in terms of crisis intervention and ongoing safety and protection, there are fewer services available, and less access to service providers trained in the dynamics of wife assault.

Children who Witness Wife Assault

Children who live in a family where the man abuses the woman have an 80% chance of witnessing the abuse.[21] The behavioural effect of the abuse is estimated to be the same as if the child has been physically battered.

All learning stops while the child tries to deal with the emotional aftermath of violence. They get so stressed out they can't focus.

After lessons, a child comes up and says, "Daddy knocked the dresser over last night."

A Grade 4 boy says:

I hate him. He knows karate and hurts my mum. He kicks her and throws her around. He hits her in the face for no reason. I tried to kick him. My mum had a choice for him to go or stay. She wants him to stay. She's kind of mixed up.

– Teachers, describing the effects of children witnessing their mothers being abused, in the B.C. Teachers Federation, submission to the Task Force

These children tend to suffer from more somatic, psychological and behavioural dysfunctions than do children who have not grown up witnessing violence. Boys tend to demonstrate more severe behavioural problems, and to externalize behavioural patterns in aggression. Girls tend to demonstrate more internalized behavioural adjustment problems, such as low self-esteem and depression. Both have lower social competency than children who have not witnessed violence.[22]

Families in which the male assaults his partner tend to be organized by a rigid hierarchy according to gender. Children within these families learn to adopt rigid views of sex roles and an internalized belief in the rightful dominance of men.

Some adolescent boys who have witnessed their father's violence assault their mothers or siblings.[23] Boys who witness severe violence are ten times more likely to engage in violence against wives as adults than boys who do not.[24] They learn that violence is an integral part of intimate relationships, and that male violence is acceptable.

Girls may grow up to experience the same pattern of abuse as their mothers. They learn about victimization and see the extent to which men can use violence to exert power and control over family members.[25]

Living with violence in the family normalizes it, teaching both girls and boys that this is what relationships are all about.

Social workers are very unclear about their child protection role in intervening in situations of wife assault. The *Report of the United Way Task Force on Family Violence* identified this persisting problem in 1979.

2. Gaps and Obstacles in Policies, Programs and Services

Policies and Inter-disciplinary Protocols

Ministry of Attorney General's Wife Assault Policy

In the late 70's and early 80's, women's groups pressed government to stress the criminal nature of wife assault. In 1984, the Ministry of Attorney General of British Columbia implemented a justice system policy on wife assault, encouraging the police to initiate a charge against a man where there was evidence that he had assaulted his wife or intimate partner. The policy similarly encouraged the laying of charges by Crown counsel, where the evidence warranted it (see Appendix 11).

This policy, which was revised in 1986, is based on research and practical experience that demonstrates that where no justice system intervention occurs, the crime recurs with increasing violence. Several projects in both Canada and the United States, clearly indicated that where arrests and prosecutions do take place, the number of repeat offenders is reduced.[26]

It is pointless for the A.G.'s office to issue policies that are not followed by the RCMP, Crown counsel or the judicial system.
– Central Okanagan Emergency Shelter Society, submission to the Task Force

[It was recommended that] strict protocols and procedures MUST be followed, without allowing the justice system, at any level, to be able to use their own discretion in dealing with wife or sexual assault. Cases should be tracked and individuals and agencies should be held accountable to their funders and superiors, as well as the [Spousal Assault] committee if they fail to follow procedure.
– Mizpah Transition House, submission to the Task Force

The policy is currently being revised for the second time. The aim is to make the policy clearer and stronger, and to build in strategies for data collection, monitoring, accountability and staff training.

Consideration is also being given to developing a Ministry of Attorney General policy that would include the wife assault policy as part of a larger policy on violence against women.

Support for criminal justice intervention in wife assault cases has been generally high among community-based women's groups, and the public in general, and has increased significantly over the past ten years among justice system officials. An aggressive intervention policy can be seen as not only providing some protection to victims but also making an important statement to society that violence against women is unacceptable and will not be tolerated.

A major criticism of the policy is that it is inconsistently and unevenly implemented across the province. The extent to which the policy is being inconsistently applied is not known province-wide, as provincial record-keeping systems recommended in the policy have never been implemented.

In recent years, the RCMP have developed such a record-keeping system, but municipal police forces have been slow to follow, and the Criminal Justice Branch is only in the very initial stages of developing a data-gathering system.

RCMP data for 1989, however, indicate that the "cleared by charge" rate (the rate at which reports are forwarded to Crown counsel with a recommendation to charge) is 60%. This means that a significant proportion of reported wife assault cases is not being forwarded for charge. The "cleared by charge" rate may actually be lower because the rates depend on having the RCMP members add a survey code to assault charges to indicate that they are cases of wife assault.

In a joint study by the Vancouver Police Department (VPD) and Simon Fraser University the VPD response to incidents of wife assault was analysed. For the VPD the "cleared by charge" rate of incidents on file was 50% of 90 incidents in July, 1990; 47% of 78 incidents in January, 1991; and 45% of 86 incidents in July, 1991. The study reports that Crown counsel laid charges in almost every case referred to them by police. It was found that substantial percentages of incidents in which charges were not laid were handled in a manner contrary to the wife assault policy. Police proceeded contrary to the policy in 18% of all incidents where charges were not laid in July, 1990; 34% of such incidents in January, 1991; and 21% in July, 1991.

Knowledge and understanding of the policy among individual justice system personnel vary from enthusiastic support to ignorance that the policy even exists.

Wife Assault Coordination Project

While the proactive response to wife assault by the justice system over the past decade has been welcomed by those working in the area, it is increasingly evident that no one system alone can resolve this problem, and that all systems must be working together to provide enforcement, legal intervention, safe housing, support services, and health services.

Recognizing that the justice system response is only one part of what is needed to address the problem of wife assault, and the Ministry of Attorney General's policy cannot stand alone, in 1990 the Wife Assault Coordination Project was developed by the Ministry of Attorney General. The project is modelled after Victoria's Spousal Assault Victim Support Program.

Six projects have been funded in addition to Victoria: Williams Lake, Dawson Creek, Nelson, Vancouver, Courtenay/Comox, and Campbell River. Each of the projects works within the context of an inter-agency coordinating committee, but the approach of each varies according to the needs of the local community.

Representatives from RCMP and municipal police forces, Crown counsel, corrections, transition houses, treatment programs for men who batter, victim assistance programs, the Ministry of Social Services, the Ministry of Health, and others in the community work together on a local coordinating committee to facilitate an effective community response to wife assault.

I believe there should be a small core group of paid professionals in the Prince George area - an abuse team for child abuse and wife battering, who operate on a consultation basis and/or do client work.
– quoted in the *United Way Task Force on Family Violence Report, 1979*

One project objective is that through improved inter-agency communication processes and case handling strategies, battered women will receive the full support of the law and social service agencies. Another project objective is to encourage, through increased inter-agency communication and service response to assaulted women, the reporting and prosecuting of more incidents of wife assault.

One of the challenges of the project is to find ways to enhance the partnership between woman-centred community-based services on the one hand and police and Crown system-based services on the other.

While communities have welcomed these projects, and they appear to have resulted in improved awareness of the needs of battered women, important issues remain to be dealt with. Their effect on charging rates is unclear, and this will be the subject of an evaluation currently in its early stages. Clear monitoring and accountability mechanisms need to be incorporated into wife assault coordination committee mandates.

Furthermore, local coordination around wife assault needs to be done in every community, not just in those that are part of the project. Personnel in those communities that do not have paid coordinators, or staff in their community who have coordination issues included as a legitimate part of their job description, are frustrated by the expectation that they will run a wife assault coordinating committee in addition to all their other work.

A sub-committee of this Task Force has developed guidelines for a coordinated protection model for battered women. The model takes into account insights developed by the Vancouver Women's Research Centre in "A Study of Protection for Battered Women" (1982) and the innovative intervention models in London, Ontario, the province of Manitoba, and Duluth, Minnesota. This model is being proposed for implementation as a demonstration project.

> *If the laying of charges is seen as an overall community response, where the police and support services from the shelter or other agencies work with the police from the moment . . . the assault has taken place through to the court appearance, then you are providing proper community services.*[27]
> – Peter Jaffe, quoted in *The War Against Women, 1991*

A recent report of a Special Planning Meeting of the Justice Sub-committee of the Vancouver Wife Assault Coordination Committee in December 1991 produced a comprehensive list of recommendations for an effective inter-agency response to wife assault.[28] This report is relevant to communities throughout the province and could be used in the development and implementation of any model to provide a coordinated response to wife assault at the community level. The recommendations included in that report are in Appendix 12.

Programs and Services

Justice System[29]

> *The Task Force [should] research ways to make the education of the RCMP and the judiciary more effective with regard to family violence (especially with regard to laying charges and sentencing that reflects the seriousness of the crimes).*
> – Fernie Women's Resource and Drop-in Centre, submission to the Task Force

The effort to have wife assault understood as "a crime like any other crime" has been an important part of the response to wife assault. This effort has focused much attention upon the criminal justice system as a potential force for prevention and protection.

There has been a significant change over the past ten years on the part of many who work on the issue of wife assault. Many now take the position that the justice system should treat wife assault more seriously than assaults between strangers, because the assaulted woman is more at risk at the hands of her assaulter than if she were assaulted by a stranger or acquaintance.

While the justice system is primarily involved in the criminal aspects of wife assault, it is also involved in wife assault through the options of civil protections such as restraining orders, and in custody and access decisions where the father is the abuser.

While presenters to the Task Force said they had seen many improvements in the justice system's response to wife assault over the last decade, they emphasized that the abused woman's experience of the justice system is still often one of revictimization. The Task Force received many submissions from across the province that indicated that police, Crown counsel and judges still do not take wife assault seriously and lack the training to deal with it effectively. Presenters also stressed that within the justice system, wife assault needs to be viewed in the context of the abusive relationship. We know that wife assault is an ongoing crime. It is estimated that by the first time a police report is made, a woman has on average been assaulted 35 times.[30]

One important addition to the justice system over the past few years has been the victim assistance program. Victim support services have been added to police departments and detachments, Crown counsel offices, and community agencies. These are described in Appendix 6.

A transition house worker on police policies on laying an information and making an arrest:

I find that it depends which police officer is involved. It is very subjective. I have also found that in most cases the assault needs to be fairly serious. However, I have known women to be placed in the hospital for a few days with no charges against the abuser ever laid. It is so confusing to our volunteers, clients, and myself.
– BC/Yukon Transition House Society, submission to the Justice Reform Committee, 1988

Police Response

The Ministry of Attorney General wife assault policy indicates that the responsibility for forwarding a charge for approval by Crown counsel lies with police and emphasizes that the suspect should be arrested if grounds to do so exist. Police do not have to have witnessed the assault to propose charges. The police should recommend an Information be laid if they have reasonable grounds to believe an assault has occurred.

The *Criminal Code* allows for the arrest of a suspect if such an arrest is in the public interest. It may be in the public interest to arrest for the purpose of securing conditions on the release of the accused or if the suspect had a criminal record for violent offences.

The Task Force supports changes to the Ministry of Attorney General's wife assault policy emphasizing "the public interest" as a standard for arrest. The effect would be to clarify arrest powers and encourage police to use arrest more often.

The policy states: ". . . it must be recognized that wife assaults have distinctive dynamics not found in other assault incidents. The reluctance of the victim is complex, emotional, and often difficult to understand. However, a pro-active police response, regardless of the victim's wishes, may, in the long run, prevent further assaults within the family context" (See Appendix 11 for the Ministry of Attorney General Wife Assault Policy).

Presenters to the Task Force have indicated that police practice does not always match police policy, either for recommending a charge or for arrest.

Police and legal system response [to wife assault] is very low. We have established good working relationships with individual officers but quite often they then get transferred . . . every new officer transferred in [needs] to be familiarized with the response system in place.
– South Cariboo Network of Women Society, submission to the Task Force

A log of complaints made to Battered Women's Support Services during the first six months of 1989, for example, includes the following:

> "A. phoned because L. had broken all the basement windows and assaulted her. The first time she called the police they said not to call them again – they weren't in the relationship business. The second time she called they asked her, 'Are you willing to lay charges?' "
>
> "J. attended at the police station on the morning following the assault to have her injuries documented. Police officer at the desk was not interested in taking her information or looking at her injuries."
>
> "Police told the woman that she shouldn't lay charges. They said, 'It will ruin your marriage.' "

The Task Force is aware that there is debate around whether the justice system takes power away from the abused woman. However, research indicates that a strong justice system response decreases the chances of further violence.[31]

The Task Force supports a proactive approach where the police officer tells the woman clearly that as a police officer it is his or her obligation to propose criminal charges, and asks the woman if she has any comments she would like noted on the file. In this way police and wife assault support workers can be alerted to a situation where a woman may require special support in going through the justice system.

Because of a woman's immediate need for information and support, the Task Force also strongly supports the practice of a wife assault support worker accompanying police on initial attendance at the scene.

The Task Force also heard that police officers may currently fail to respond to wife assault calls in a timely manner, although the policy directs that these calls are to be treated as priorities. Dispatch may fail to assign priority to the call because "the woman did not sound hysterical enough."

In London, Ontario, where community-based victim support services are well established and an aggressive charging policy was put in place in 1979, the rate of charges increased from 2.7% (pre-policy) to 89.9% (1990). A study in London over a four-year period between 1987 and 1990 revealed that police "were significantly less inclined to leave responsibility for laying charges with victims."[32]

The change in charging policy was "paralleled by more positive police attitudes on the importance of the policy."[33] This was partly as a result of police perception that they had the support of Crown counsel, and of battered women themselves.

The London, Ontario study pointed to the need for progressive attitudes from supervisory police officers as well as those with ten or more years experience. Attitudes shift gradually, and change through direct positive experiences.

Coordination within the justice system appears to be a key to effective change at the police level. If police do not feel that Crown counsel and the judiciary are similarly committed to aggressive policies around wife assault, they become discouraged and may not follow through on charging and arrest.

The London, Ontario, study also reports that regular public reporting of charging figures appears to encourage improved performance on the part of police. The dramatic success of the London, Ontario model warrants further exploration. Why is it working so well? What parts of the model might we apply in B.C.? The model for responding to wife assault being proposed in this report should address these questions.

Although police officer training related to wife assault has improved in the last decade, most of the training is confined to recruits. More advanced training is necessary for supervisory and commanding officers in order to ensure consistency in the implementation of policy. (For a description of the training police currently receive, see Appendix 8.)

It was suggested to the Task Force that a return to the concept of community policing would significantly improve police response to wife assault. If policing were decentralized – police stations located within the community for which they are responsible and police officers familiar with the neighbourhoods they are policing – police would become more knowledgeable of and sensitive to the people and the issues in their neighbourhood. The current trend toward community policing may, indeed, have positive repercussions in the way the police handle family and sexual violence matters. This trend is supported by the Task Force.

Crown Counsel Response

The wife assault policy directs Crown counsel to maintain a charging policy that does not, as a practice, distinguish wife assault from any other type of assault. The policy also directs that the decision whether or not to proceed with the prosecution should not be guided solely by the wishes of the victim.

In addition, the policy calls for in-service training courses for Crown counsel on the topic of wife assault, focusing in particular on the psychological, emotional, and informational needs of victims in the criminal justice system. The policy further stipulates that these courses should be developed in consultation with people working with assaulted women.

Professionals in the justice system . . . are ill-equipped, and often unable, to identify with the feelings of powerlessness, dehumanization and helplessness that result from being controlled and physically or sexually violated by a man who at other times is caring and loving, and upon whom she may be emotionally, socially and economically dependent.
–M. Lynn Gaudet and Paula E. Pasquali, *As If Victims Mattered: A guide to more rational prosecutions of men who violate women and children*

The policy directs Crown counsel to meet with the victim in advance of trial date. Ideally, Crown counsel would maintain contact with the woman throughout the period leading to trial, and would be available to provide her with referrals to support services as well as guidance through the court process.

In reality, this seldom happens. Crown counsel may meet with the woman once – sometimes only on the day of the trial, and in busier centres, sometimes moments before trial. In addition, in the busier centres, the prosecutor who interviews the woman may not be the one who prosecutes the case.

The Criminal Justice Branch of the Ministry of Attorney General is introducing an integrated case tracking system that will, for example, automatically schedule pre-trial interviews and will have prompts built in to help the user focus on important facts, such as whether a case is one of wife assault. One intent of this system, with respect to wife assault, is to ensure that Crown counsel does communicate effectively with the assaulted woman, and meet with her in advance of the trial.

Women who are assaulted by their intimate partners may refuse to testify as a Crown witness for a variety of complex reasons.[34] Refusal to testify can be a source of frustration for the Crown counsel, particularly if they have not received training in the complex dynamics of wife assault, including the complicating factors of being economically, emotionally, and culturally tied to the abuser.

Presenters to the Task Force supported additions to the Crown counsel wife assault policy. Support was voiced for attaching bail conditions to keep the batterer out of the family home where the woman is occupying the home. When a violent man is arrested, Crown counsel could as a matter of policy ask a judge to issue, as one of the conditions for judicial interim release, an order prohibiting the man from returning to the family home when the woman is occupying the home.[35]

Task Force presenters also pointed to gaps in Crown counsel training that make it difficult for them to prosecute in a way that is sensitive to the victim's reality.

Crown counsel, for example, should receive direction in how to maximize the use of Criminal Code offences to address common forms of psychological violence, and to make submissions at bail hearings and sentencing which facilitate control of the abusive conduct of accused persons and convicted offenders.[36] It was also pointed out that in Duluth, Minnesota, wife assault cases proceed on the assumption that the woman will not testify. Therefore, the investigation and prosecution utilize evidence other than the woman's evidence, such as forensic evidence collected in the investigation. The Task Force was of the opinion that this was an area the Criminal Justice Branch could explore further.

Crown counsel are also not trained in making the best use of social science literature and expert witnesses on the subjects of victimization and the minimization of violence against women and children.

Judiciary's Response

Presenters to the Task Force identified lack of sensitivity by the justice system, including the judiciary, and the consequent need for training, as major issues in

If it strains credulity to imagine what the "ordinary man" would do in the position of a battered spouse, it is probably because men do not typically find themselves in this situation.
– Madame Justice Bertha Wilson, *Lavallee v. the Queen*

confronting wife assault.

Until very recently, the judiciary had not received any training at all in the dynamics of wife assault, or in gender equality issues as they relate to violence by men against women. There are serious gaps in the gender sensitivity training received by the judiciary.

In 1989, complaints made to Battered Women's Support Services indicated that judicial orders of custody made to assaultive men was an area of acute concern to battered women and service providers. This is discussed below, under Custody and Access.

Protection Orders

There are a number of legal protections available to battered women – from "no contact"conditions to a civil restraining order. From a battered woman's point of view, the choices are complicated and without apparent logic. She needs an experienced intermediary to help her choose an appropriate route.

Battered women and service providers continue to ask, Are these protection orders effective? There are problems with the time it takes to obtain an order, for example. If a woman is in a rural area and needs a restraining order, it may be weeks before court sits.

There are problems with breaches. There have been long-standing complaints that police do not treat breaches seriously. Task Force presenters were emphatic that current protection orders are routinely violated by the batterer.

For example, the Task Force heard of cases where a defendant had breached a protection order and the woman had called the police. In these cases, the woman was back to "square one" – she had to convince police that her order was not outdated, and that she did not provoke or acquiesce in any contact with her husband. The response from the police was one of doubt and delay.

The Wife Assault Coordination Project is looking at ways to increase the effectiveness of court orders to protect battered women. It is, for example, looking at the feasibility of including peace bonds and restraining orders on CPIC, the police information data base.

Information About Family Law Issues

A battered woman who is leaving her abuser most often has family law problems to deal with. In order to make informed decisions, she needs to understand her rights and the legal process. She needs legal information and advice that returns power to her. If she is channelled into some legal option that she has not chosen and does not understand, she is revictimized, this time by the legal system.

A woman seeking legal advice about leaving her abuser may come into contact with a Legal Services Society branch office, a community law office, a Family Court counsellor, or – if she is on income assistance – a worker at the Ministry of Social Services.

Presenters to the Task Force indicated that service providers at these agencies need to place more emphasis on the provision of comprehensive information to abused women.

Legal Aid

In the areas of legal advice and representation, legal aid services to abused women who need to deal with family matters were identified as being of particular concern. A woman who needs legal aid for family matters may find that there is no lawyer in the community willing to take her case.

The legal aid family tariff has been so low that in some areas no lawyers will provide services. In addition, the family legal aid tariff, unlike the criminal tariff, is paid on an hourly basis for a maximum number of hours, and often the work takes much longer than the amount allocated. For these reasons, lawyers have been reluctant to take family legal aid cases.

In northern communities counsel acting on a legal aid basis have had to be flown in from Vancouver.

The abusive man is more likely to be the one who can afford to hire a lawyer privately, while the battered woman scrambles to find someone who will represent her on legal aid.

Family Court Counsellors

Lacking adequate information, abused women who are seeking assistance from Family Court counsellors may be confused about the Family Court counsellor's role. They may think that the Family Court counsellor is "their" counsellor, whose job is to represent them. When they find out that the Family Court counsellor is not their advocate, they feel victimized by the process.

The wife assault policy states that Family Court counsellors should be aware of the typical effects of wife assault on children, and should take these into account when considering the issue of access. It also states that Family Court counsellors should be aware of power imbalances played out in coercive and placating interactions.

Family Court counsellors often do not have sufficient training in these complexities. The Family Court counsellor service also suffers from severe underfunding.

In small communities, where the Family Court counsellor is also the probation officer, the dual role is not conducive to making women's safety the primary concern. A probation officer's perspective may not be conducive to counselling a victim.

The children of battered women are in desperate need of support. Some critical issues . . . for them include poverty, custody and access, counselling, supervised access visits, advocacy for children, education for children and those working with them in schools, courts, government services, etc. What is the impact of family violence on them and future generations? What is the cost both in human and dollar terms if we continue not to deal realistically with this issue?
– Vancouver YWCA, submission to the Task Force

Family Court Committees

Many women go into Family Court without representation by a lawyer. Family Court Committees can play a role in documenting problems. Members, who are volunteers appointed by their municipality, can meet to identify means of addressing gaps in services and make recommendations to the Attorney General.

Custody and Access

Once a battered woman leaves her abusive husband, one effective way for him to maintain power and control may be through the children. Batterers can use the legal system to achieve this by court orders. Increasingly, battered women are losing custody of their children to their abusive former partner. Others are given joint custody, which enables the batterer to have ongoing contact and to continue the abuse. The shift towards awarding custody to the father has happened because the courts have adopted the belief that both parents have equal rights to the children, and in deciding what is in the best interests of the child, courts often do not consider wife assault as having an effect on the batterer's relationship with his children, or on his ability to parent. The Task Force learned that there is growing concern among workers within the B.C./Yukon Society of Transition Houses about this trend.

If the batterer has unsupervised access visits, he may abuse the children, emotionally, physically and/or sexually. Children of battered women can be subjected to negative opinions about their mother, pumped for information, and used for emotional leverage and support for the father.

The Task Force has written to the federal government in relation to the revisions to the Divorce Act, urging it to consider wife assault as a factor in custody and access cases.

One American study found that 70% of "good enough" custodial challenged mothers lose custody to challenging fathers. Of these fathers, 83% had not previously been involved with primary childcare, 67% had not paid child support, 62% had physically abused their wives during the marriage and divorce, 57% had engaged in anti-mother brainwashing campaigns, and 37% had kidnapped their children.
– Phyllis Chesler, *Mothers on Trial*

Until recently, issues surrounding battered women and custody and access were not widely identified, with the result that the problem is not yet recognized as credible. In fact, custody and access disputes are popularly understood within the context of "father's rights." For example, a one-year survey of the province's major newspaper in 1990 revealed that all custody and access stories had focused on the father's rights.[37]

When courts do take the history of the abuse seriously enough to order supervised access, the services available are inadequate. Frequently the supervisor is a friend or family member of the father who does not believe he is harmful to the children, and who blames the mother.

No centres exist for supervised access visits or for supervised transfer of children from one parent to the other. Such centres, as well as providing a coordinated approach to custody and access issues where there are allegations or a history of family violence, could serve to protect both children and their mothers from further abuse.

[It is] too easy for the men to get access to the children and force further unwanted contact with the woman – there should be more controls in place to make sure the women and children are safe before giving access.
– Golden Safe Homes, submission to the Task Force

Current trends favouring mediation force many women into having to negotiate with their former abusive partner. Task Force presenters were firmly of the view that mediators who believe they are able to equalize power imbalances in a formerly abusive relationship are misled. In the space of an hour or two, a mediator, no matter how skilled, simply does not recognize the complex and intimate cues the abuser uses. For example, a raised eyebrow from the batterer can intimidate the woman who knows the meaning behind the gesture.

Man got six months for assault. Judge awarded him custody of the kids.
– **Excerpt from complaints log, Battered Women's Support Services, 1989**

The Task Force also heard detailed analysis of instances of gender bias within child custody assessments.

Battered women's problems with custody and access have only begun to be addressed. There is one community-based group in Vancouver, providing support services to battered women dealing with custody and access disputes and this group receives no funding.

A Family Justice Review is underway within the Ministry of Attorney General. A first report and recommendations are due in May, 1992. One goal of the project is to establish principles for the family justice system which could guide justice system professionals in their work. A second goal is to establish a mechanism for collecting ongoing feedback from clients about what their needs are and how well their needs are being met by that system. An outline of that project is included in Appendix 13.

Criminal Injury Compensation

Battered women can apply for Criminal Injury Compensation. If the woman is still living with the abusive partner, she will probably be refused compensation.

Criminal Injury Compensation will not be provided if there is a likelihood that the person who committed the crime will benefit from the compensation. The Task Force recognizes the logic of this provision. However, where a claim is considered valid, the Task Force urges Criminal Injury Compensation to find innovative ways (such as a trust fund) to provide financial assistance so that the woman benefits while the abuser does not. Criminal Injury Compensation also needs to develop cooperative reciprocal arrangements with other jurisdictions to deal with abuse that occurred outside B.C.

A battered woman can also sue her attacker in court. If she does so and wins the case, and she has received Criminal Injury Compensation, she must notify the Workers Compensation Board as she may have to pay back the compensation.

Summary: the Justice System

While the Task Force supports rigorous justice system intervention in wife assault, it recognizes that this intervention does not "fix" the problem. Many battered women live in fear during the court process, and are threatened by the abuser while the case is before the courts. Many cannot leave their husbands because of financial need and are therefore unwilling to testify. A coordinated response of justice system intervention, and support, effective protection, affordable housing, and health and social services is essential.

The fact remains that many battered women continue to find the justice system coercive, and unresponsive to their needs. When battered women are asked, What is the best way to stop a man from being violent? very few of them suggest calling the police and going to court. (In one study the figure was 6%.)[38] Many women do not want the justice system involved in their lives, and they have little faith in its ability to stop violence.

On the other hand, studies show that arrest and charge do lead to a significant reduction in the violence. And many women do want the man to be charged when they can see that it makes a difference in his behaviour.[39]

Medical System

The medical profession is a major gatekeeper for service delivery to battered women. The profession is only just beginning to recognize wife assault as a serious medical issue. In 1989, an inter-ministerial protocol guide for medical personnel on wife assault was distributed to hospitals throughout the province, and was accompanied by very limited training, consisting of one-hour workshops at selected hospitals. Other materials on wife assault have also been sent by the Ministry of Attorney General to doctors and hospitals, but no formal training has taken place.

Several years ago a survey by the Public Affairs Division of the Ministry of Attorney General found that there was little awareness among medical practitioners about materials available on the issue of wife assault. Preliminary results of a survey recently conducted by the Health Sub-committee of the Vancouver Wife Assault Coordination Committee of staff from five Vancouver hospitals indicate that 65% were not familiar with the wife assault guide for medical personnel. Seventy-two percent of the Community Health Unit staff surveyed were familiar with the guide[40]. This subcommittee will

Physicians should be encouraged to make assessments for abuse an integral part of their patient's psychosocial history . . . Emergency physicians and staff should also be highly trained to identify abuse as at least a quarter of women who visit emergency departments are seeking treatment for an injury or manifestation of stress of living in an abusive relationship.
– Vancouver Health Department, submission to the Task Force

be making recommendations to the steering committee of the Wife Assault Coordination Project about training needs for medical personnel.

The consequences for battered women of lack of awareness on the part of medical personnel could include incorrect diagnosis and medication, and missed opportunities for intervention and referrals. Staff of hospital emergency departments, family practitioners, mental health professionals, and staff of community health programs all need more training in providing protection to battered women and their children. They also need information about how and when to refer men to counselling. This need for trained medical personnel was pointed out in a number of submissions to the Task Force.

The Task Force was encouraged to learn of two projects currently underway to address these obstacles. The Registered Nurses Association of B.C. is developing a focus on the role of nurses in a coordinated response to wife assault. Vancouver General Hospital is looking at ways to coordinate responses to abused women who present at Emergency and is planning to do some in-service training to raise awareness of staff about the issue of wife assault. It is hoped that hospitals will take an increasingly active role in committees to coordinate responses to wife assault within their own communities.

Support in the Community

Transition Houses

Transition houses were developed at a community level by women's groups, because battered women and their children, often with no income and no resources, had nowhere to go to escape the man's violence. A transition house is a free, safe and supportive environment. For many battered women, going to a transition house has been the first step to ending the abuser's power and control over their lives.

The 48 transition houses and emergency shelters in B.C. provide some counselling as well as legal and financial information and support to battered women and their children. Their umbrella organization is the B.C./Yukon Society of Transition Houses. In addition to the transition houses, there are 11 safe homes in B.C., serving rural areas. Safe houses do not offer the same range of services as transition houses. For example, safe houses do not offer supportive counselling.

While the Task Force calls for the expansion of transition houses wherever possible, it supports effective safe houses in small communities where it would not be feasible to set up a transition house.

There are not enough transition houses, and there is only one second-stage transition house where women and their children can stay for up to a year while they get their lives together. Submissions to the Task Force called urgently for more second-stage housing in B.C.

A shortage of both first and second-stage beds is a problem. The block here is relatively simple: the absence of operating funding from the Ministry of Social Services, and an apparent lack of support on the part of MSS for the concept of transition houses as resources distinct from general emergency shelters.
– Social Planning Department, City of Vancouver, submission to the Task Force

The Canada Mortgage and Housing Corporation has indicated a willingness to pay capital costs for some second-stage transition houses, but there are no funds to staff them, and no requirement that the province fund staff costs in order to access federal funds. It is the position of the B.C./Yukon Society of Transition Houses that staff are required for these second-stage houses, just as they are for transition houses.

In B.C., for every family (of a woman and her children) taken in, two families are turned away.[41]

When a woman is turned away, she may be placed in a hotel, where her safety cannot be guaranteed. Or she may be sent to a safe house in another community, where she has no support and where the children are far from their normal environment. Many houses are funded by the Ministry of Social Services only to provide room and board in a supportive environment; the range of other services that some houses provide, such as counselling and child care workers, may not be funded at all.

In rural areas some transition houses find it necessary to include beds for women experiencing problems with alcohol or in trouble with the law in order to obtain additional funding. This diminishes the quality of the service and space available to battered women and their children, and it fails to adequately address the needs of these other groups.

Some rural areas, particularly in the north, have no transition house or emergency shelter.

Because transition houses are chronically underfunded, houses are under-staffed, and many houses cannot afford the necessary 24 hour staffing. One presenter told the Task Force that in a transition house where the staff ratio to each woman allows for individual daily counselling, only approximately 25% of the women return to the abusive relationship. Where this kind of staff/woman ratio is not possible, about 75% of the women return to their abusive partners.[42]

There is no funding for transition house staff training. Transition houses, particularly those in the north, find it difficult to attract qualified staff, and inadequate funding makes staff training impossible.

Transition houses have to negotiate individually for their funding with the area manager of the Ministry of Social Services. There is no uniformity in wages or working conditions. It is no surprise that staff turnover at transition houses is high. For example, Amata House in Quesnel has had turnover of 14 staff positions in 4 years.

Transition houses are not able to meet the needs of especially vulnerable groups. There are only eight transition houses specifically for aboriginal women either in existence or in development.

Immigrant women who face language barriers must use transition houses where most residents and the staff do not speak their language. Elderly women's needs are often not met; nor are the needs of women who are victims of wife assault and who have alcohol and drug dependencies.

Transition houses are not routinely wheelchair accessible and are not equipped to meet the needs of people with physical or mental disabilities.

Transition houses are also not able to meet the special needs of battered women with severe psychiatric problems. Psychiatrically disturbed women who are accommodated at transition houses are unable to get the care they need. They may also be disturbing to both the other residents and staff, thus adding to an already stressful situation.

An obstacle related to women's safety is the lack of safe, affordable housing. Women who leave an abusive partner are often plunged into poverty. They may stay in a transition house for a month or two, or for up to a year at a second-stage transition house. Either way, at the end of this time the choice may be to return to the abusive partner or to look for housing on the rental market. In many parts of B.C. affordable rental housing is almost non-existent.

Another obstacle identified by presenters to the Task Force is the inadequacy of the comforts allowance provided by the Ministry of Social Services to women while they are staying in the house.

Transition houses are and will remain essential crisis shelters for women. While much progress has been made in the past ten years in terms of the number of houses, the number of beds, services provided and funding levels, all of these issues are still inadequately addressed. The result is much frustration for both assaulted women and the service providers.

Support, Counselling and Outreach for Battered Women

Battered women are in acute need of crisis intervention and ongoing protection and support. They need both supportive intervention and long-term counselling.[43]

There is an urgent need for more counselling services for all types of battered women. In particular, there are gaps in services to battered women who do not use a transition house, or who have left a transition house, either to return to the abusive partner or to live elsewhere.

In some parts of the province there are no counselling services at all. In some communities, the victim assistance program is the only program that provides any service directly to support battered women. While specialized victim assistance programs have particular training and expertise in this area, Crown and police-based victim assistance programs are not funded to provide counselling. (They can provide emotional support, and are trained to do so.) See Appendix 6 for more information on the victim assistance program.

Victim assistance program coordinators and volunteers are often put in the position of having to provide services to meet a wide range of needs of assaulted women, some of which they are not qualified and not funded to provide. This results in only stop-gap measures for victims and in a great deal of stress on programs.

There is a lack of outreach programs to help identify and offer service to battered women and women at risk, to prevent the battering, or to prevent it from escalating. Most battered women do not ever use a transition house. Lack of outreach services means that a great many

Only 3% of battered women are seen by shelters.
– National Coalition Against Domestic Violence, U.S.A.

battered women never receive assistance of any kind.

There is a lack of preventive services, such as programs aimed at building women's assertiveness and self-esteem, and at building informal networks of support.

Part of the problem in the provision of outreach and preventive programs for assaulted women is that no one ministry takes responsibility for these services, and they are not explicitly included in the mandate of any of the ministries doing work in this area.

Mental Health Services and Private Counsellors

Even if women do go to a transition house, they only receive counselling while they are there, and transition house workers often do not have the time or the training to provide the intensive counselling that is sometimes necessary for battered women.

There is a desperate need for more long-term counselling services.

Mental Health Services currently provides a small amount of funding to community-based agencies, to provide counselling services to women in transition. Funding is distributed regionally, and has focused on short-term individual and group counselling services provided through community agencies to adult survivors and women in transition.

There is an urgent need to provide funding for these initiatives on an ongoing basis, as well as to provide training for more counsellors to work in this area.

Assaulted women who seek help from private counsellors face the barriers of access, waiting lists and costs. Especially in remote and rural areas, it is often difficult to find a counsellor who has expertise in the dynamics of wife assault. Waiting lists can be long, and the counsellor's fees may be beyond the reach of many battered women.

Another barrier is the unhelpful labelling that may occur as a result of a "diagnosis" of "co-dependency." This "diagnosis," while it is helpful in some circumstances, can also serve to obscure the dynamics of wife assault and revictimize the abused woman.

The concept was initially applied to the partners of people who were abusing drugs or alcohol. Because of unresolved issues from their own family of origin, and other life experiences, the "co-dependent's" efforts to cope with a partner's substance abuse may only perpetuate and reinforce the problem. Thus both partners' behaviour contributes to a worsening of problems and deterioration of the relationship.

Understanding these interacting factors, by family members and counsellors, can lead to constructive action and the resolution of impasses. Unfortunately, counselling approaches sometimes focus on the "co-dependent's" behaviour as if it were the cause of the problem. This obscures the primary responsibility of the person who is chemically dependent and can deflect attention from their violent, abusing or controlling behaviour. In addition, counsellors should acknowledge that "co-dependency" is, in fact, the traditional female role that women have been socialized to fulfill.

Since the "co-dependent" concept was initially introduced, it has been further widened to include anybody who grew up in any kind of "dysfunctional" family. In this context the term "co-dependent" becomes virtually meaningless and is even more likely to be used to blame victims.

Advocacy

Battered women province-wide need advocacy support from workers who have specialized experience in the complex personal dynamics, and legal, financial and practical issues surrounding wife assault. Advocacy is an empowering process. It seeks to restore power to the woman by informing her of her rights and choices. In this way advocacy redresses the lack of control that the woman has experienced in her relationship and is likely experiencing in her dealings with the legal system, the medical system, and the social services system.

A battered woman needs continued advocacy and support throughout the ordeal of going to court, to accompany her to interviews, hearings, and court appearances. This support must be specifically focused on helping to ensure that power is returned to the woman.

At the moment, lack of advocacy services for women who have been assaulted by their partners is a major obstacle to women receiving the services they need.

Transition house workers, women's centre staff and staff of some community agencies provide advocacy. Victim assistance program workers are not mandated to

The children who live in a battering relationship experience the most insidious form of child abuse . . . They learn to become part of a dishonest conspiracy of silence.
– Lenore Walker, *The Battered Woman*

work as advocates, although some advocacy is provided by these workers.

In particular, the advocacy needs of women from groups that are particularly discriminated against by our society are not being met. Their needs are especially acute, as they often experience greater difficulty than other women in being taken seriously by the system and in accessing services.

Services for Children

Social workers are particularly unsure about their mandate to "interfere" in wife battering situations even in cases in which the woman concerned is already a client. It appears that the mandate for intervention in family violence situations, even on an emergency basis, remains confused and subject to great variations in practice in different agencies and in different communities.
– United Way Task Force on Family Violence Report, 1979.

To respond to the needs of battered women's children, counsellors should have an understanding of the complexities of an abusive relationship. There is a lack of counsellors in the community at any level with this particular expertise.

Although children make up two-thirds of the residents in transition houses, not all houses have child counsellors. The provincial family violence initiative provided limited funding for child counselling services in some transition houses.

Presenters to the Task Force identified an urgent need to provide more children's services. More trained counsellors need to be available to work with children who have witnessed violence, and who report violence. The Ministry of Social Services needs to take more responsibility for providing services to these children, as children who may be in need of protection.

One way that has proved effective in responding to the needs of children who have witnessed the assault of their mother is support and treatment groups led by specially trained workers. Very few groups for the support and treatment of children exist province-wide, although several have been piloted in the Lower Mainland and elsewhere. There is no ongoing funding for such groups.

There is also a lack of residential and treatment programs for young boys and adolescents who have become violent as a result of the battering situation.

Without these kinds of intervention programs, young males may be caught up in the inter-generational cycle of violence, and go on to batter their partners in adulthood.

Services for Young Women

There are no adequate social services to respond to the needs of young women who are assaulted within dating relationships. In some communities, especially those where they are few other resources, transition houses can take underage females with the approval of a social worker from the Ministry of Social Services.

In terms of prevention, there are a number of agencies that address the issue to some degree, including direct service agencies who also do public speaking and prevention work. The Red Cross has done extensive work on this topic throughout the province, but the presentation given is limited to one and a half hours during the school day, and cannot possibly cover all the issues adequately.

Presentations are always optional, and are dependent upon individuals who work with adolescents requesting workshops. As a result, young men and women receive very little exposure to the topic, and do not receive it on any consistent basis.

There is a lack of intervention services throughout the province that specifically address the needs of young women who are assaulted by their boyfriends. However, as with other types of family and sexual violence, support, information and referral are supplied by sexual assault centres, victim assistance programs, women's centres and other social agencies. Battered Women's Support Services in Vancouver has one part-time staff position assigned as Dating Violence Coordinator who focuses on prevention education, and has produced materials addressing this population, as has the Victoria Women's Sexual Assault Centre.

Treatment of Abusive Men

Only a tiny minority of abusers attend treatment programs. One researcher estimates that 1% of abusive men enter treatment.[44]

Many submissions to the Task Force called for more, and better, treatment programs for abusive men, including mandatory and residential treatment. British Columbia has approximately 20 programs for abusive men, and a number of others just beginning. New funding was recently provided by the Ministry of Attorney

Since "denial" and "externalizing blame" are characteristic behaviours of abusers, it is not surprising that very few abusers believe they have a problem or are motivated to seek treatment.

In the initial stages, at least, abusers nearly always require some external motivator [such as]: Court-mandated treatment [or] . . . Fear of losing their wives . . .
– Correctional Service Canada, *Breaking the Cycle of Family Violence*

General through the family violence initiative from the Ministry of Women's Equality.

The model used by many B.C. treatment programs for abusive men includes the three main streams in men's treatment: anger management, the redress of power imbalances, and the healing of developmental damage. It is a model based on an understanding of multiple, interacting causes of men's violence. All programs identify their primary goal as being to stop the abuse and protect battered women and their children.

Programs most often use a group format. Minimization, denial, and victim blaming are more readily overcome in a group of peers, who are often more astute in recognizing sexist attitudes and abusive behaviour in each other than in themselves. Outcomes of this kind of treatment for abusive men compare favourably to results of psychotherapy.

While arrest in itself has been shown to reduce recidivism, arrest with treatment has been shown to further significantly reduce recidivism.[45] Some men are court mandated to take treatment, others are voluntary, usually persuaded by their wives to enter treatment or lose the relationship. The drop-out rate is as high as 50%, with court mandated men being just as likely to drop out.[46]

Behavioural change does happen, but significant personal change is more limited because it is more difficult to achieve. Research indicates that programs may reduce the man's physical abuse, but that there is less change in the area of verbal and psychological abuse. Nonetheless, women whose partners attend treatment programs indicate overall satisfaction with the programs.[47]

Providing safety to battered women cannot be achieved solely by men's group treatment. Such treatment should exist as a small part of a larger network of interventions that include safe shelter; legal, housing and job assistance for victims; systemic interventions in social institutions; and social action.
– J.L. Edleson and M. Syers, "The Effects of Group Treatment for Men Who Batter"

Recognizing that men's programs can help change the behaviour of some abusive males, the Task Force supports the B.C. Association of Counsellors of Abusive Men in advocating a system of care that provides men's treatment as one component of a coordinated response to wife assault. These programs need to be coordinated with services to women, should be accountable to battered women, and should not at any time take priority over those services.

Treatment programs do not currently have adequate financial support, and lack consistent standards of quality.

Another obstacle to service in this area is the over-use of highly qualified mental health professionals and PhD psychologists. This results in programs that are unnecessarily expensive. Quality assurance is not a matter of academic accreditation.

In addition, programs may lack the necessary cooperative ties with women's programs, and coordination with alcohol and drug services, to provide prior or concurrent treatment for chemically dependent abusers. See Appendix 14 for Common Assumptions for Effective Treatment, developed by the B.C Association of Counsellors of Abusive Men.

Wife Assault Prevention Education

Wife assault prevention education is not adequately addressed at any level. Prevention of wife assault depends upon changing the values society holds about sex roles, about dominance and submission, about the use of violence to maintain power and control, and about the role of the family in maintaining social values. These are major social issues, involving the individual, the family, the community, and society as a whole. Prevention is therefore a massive task, and calls for innovative and diverse approaches. It includes programs to promote and support the equality of women, and women's economic independence.

An important component of prevention education are programs that assist both men and women to look at their relationships. When such programs are offered prior to marriage, for example, they give couples an opportunity to look at relationship patterns in their family of origin, and to identify how their families resolved conflicts. Couples who have had a good experience prior to marriage or living together in terms of this kind of prevention education have been found to resolve conflicts better and go for help sooner.

The lack of violence prevention curricula at the elementary, high school and post-secondary institutions in B.C. schools is a major gap in prevention education around wife assault.

Religious Institutions

Religious institutions have an important role to play in education and healing. Christian churches, until very recently unequivocally patriarchal institutions, have traditionally advised abused women to keep their families together and denied the devastation of family violence. The growing role of women in religious institutions has resulted in some positive initiatives in the area of family violence. For example, the Church Council on Justice and Corrections, along with the Canadian Council on Social Development, has published a kit to begin the process of healing family violence: *Family Violence in a Patriarchal Culture: A Challenge to our Way of Living.* Another example is the Anglican Church's "Unit Against Pornography" in Vancouver which does public education and government liaison work, linking family violence issues with pornography.

Summary: Support in the Community

Community-based groups and system-based programs for women, men and children remain seriously underfunded, understaffed and unable to meet demand.

Women who are assaulted by their intimate partners in this province do not currently have adequate protection. Immediate major improvements in services are imperative, in terms of both prevention and intervention. The alternative is that women will continue to be beaten, their children will continue to be traumatized, and both women and children will continue to die as a result of male violence in the home.

ENDNOTES

[1] Linda MacLeod, *Battered But Not Beaten: Preventing Wife Battering in Canada.* Ottawa: The Advisory Council on the Status of Women, 1987.

[2] *Vancouver Province,* December 1, 1991.

[3] *Male Violence Against Women: The Brutal Face of Inequality. A Brief to the House of Commons Subcommittee on the Status of Women, February 13, 1991.* Ottawa: Canadian Advisory Council on the Status of Women, 1991, p.6.

[4] *Male Violence Against Women,* 1991, p.6.

[5] Peter Jaffe, *Final Report – Wife Assault as a Crime: The Perspective of Victims of Violence and Police Officers on a Charging Policy in London, Ontario, from 1989-1990.* London: Family Court Clinic, 1991, p.1. The statistic is cited from reports by the Ontario Women's Directorate 1990 and Prairie Research Associates 1990. Note that in Ontario, unlike in B.C., police, rather than Crown lay the charges. These charges could then be stayed at the Crown level. Therefore it makes it difficult to compare police and Crown charging rates between the two provinces.

[6] *Male Violence Against Women,* 1991, p.6.

[7] Joanne Dunaway, *Wife Assault Victim Support Worker Handbook.* Vancouver: Justice Institute of B.C., 1990, p. 5.

[8] Peter Jaffe, Workshop given in Vancouver B.C. at Coquitlam Share Society, 1988. Unpublished.

[9] *The Vancouver Sun,* October 8 1991, p.B5.

[10] This is the definition used in the Ministry of Attorney General's wife assault policy.

[11] D. Sinclair, *Understanding Wife Assault: A Training Manual for Counsellors and Advocates.* Toronto: Publications Ontario, 1985, p. 15.

[12] Ellen Pence, *The Justice System's Response to Domestic Assault Cases: A Guide for Policy Development.* Duluth, MI: Minnesota Program Development, 1989, p. 7.

[13] Karen Larcombe, *Report to the Task Force.* Battered Women's Support Services.

[14] B.E. Carlson, "Children's observations of interparental violence." In A.R. Roberts (ed.) *Battered women and their families.* New York: Springer, p. 148.

[15] The patterns of power and control in male violence are developed with insight by the Duluth Women's Coalition. See Ellen Pence, *In Our Best Interest: A Process for Personal and Social Change.* Duluth, MI: Minnesota Program Development, 1987.

[16] We use the term "battering" to encompass the whole spectrum of abuse and assault, not in the more narrow sense of being badly beaten.

[17] Dunaway, 1990, p.12.

[18] Survey by Nova Scotia Advisory Council on the Status of Women, 1990.

[19] National Clearinghouse on Family Violence Factsheet 1989, p. 1.

[20] Laurie Chesley, Donna McAuley and Janice Rislock, *Abuse in Lesbian Relationships: a Handbook of Information and Resources.* Toronto: Toronto Counselling Centre for Lesbians and Gays, 1991, pp. 6-7.

[21] Jaffe, 1991, p.27.

[22] Tamara Adilman, *Living in a War Zone: Child Witnesses to Violence in the Home.* Vancouver: University of British Columbia Master of Education dissertation, 1991, pp. 12-20.

[23] Peter Jaffe, David Wolfe, Susan K. Wilson, *Children of Battered Women.* Sage Newbury Park, CA 1990, p. 29

[24] Jaffe, Wolfe, Wilson, 1990.

[25] Adilman, 1991, p.18.

[26] See, for example, Jaffe, 1991, p.37.

[27] See footnote 6, above. In Ontario, police lay charges.

[28] Vancouver Wife Assault Coordination Committee, Justice Subcommittee, Special Planning Meeting, December 18, 1991. Prepared by Mike Talbot, facilitator.

[29] The contribution of the Government of British Columbia to the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System focuses specifically on violence against women. A summary of the concerns identified by the province is provided in Appendix 3.

[30] Carole Anne Burris and Peter Jaffe, *The Criminal Justice System's Response to Abused Women: An Analysis of the System Process and the Victim's Perspective.* (Research Report funded by the Solicitor General of Canada) London, 1981.

[31] See, for example, Donald Dutton, "The Criminal Justice Response to Wife Assault," in *Law and Human Behaviour,* Vol. 11, No. 3, 1987.

[32] Jaffe, 1991, p.34. Note that in B.C. Crown counsel must approve charges before police can lay an Information. In London, Ontario, police can lay charges without Crown counsel approval.

[33] Jaffe, 1991, p.38.

[34] Reasons why a woman may not want to testify include: fear of reprisals from her abuser, fear of bringing shame to the family name, and fear of the justice system consequences. Another reason may be the woman's recognition that the abuser often does not go to jail.

[35] These suggestions are not new. See "A Study of Protection for Battered Women." Vancouver: Women's Research Centre, 1982. This study, now ten years old, provided detailed recommendations for changes to the legal, social services, and health systems.

[36] L. Gaudet and P.E. Pasquali, *As If Victims Mattered: a Guide to More Rational Prosecutions of Men Who Violate Women and Children.* Yukon: Association for the Prevention of Community and Family Violence, 1990, p.2.

[37] Survey conducted by the Custody and Access Group, Vancouver, 1990.

[38] P. Smith, *Breaking the Silence: Descriptive Report of Follow-Up Study of Abused Women Using a Shelter.* Regina: University of Regina, 1984, p. 126. Quoted by MacLeod, 1987, p.80.

[39] MacLeod, 1987, p. 85.

[40] Preliminary Analysis of the Hospital Emergency Departments and Community/Public Health Units surveys conducted by the Health Subcommittee of the Vancouver Wife Assault Coordinating Committee, December, 1991.

[41] *The War Against Women: First Report of the Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women.* Ottawa, 1991, p.32.

[42] Presentation to the Task Force by staff of Emily Murphy Transition House, North Vancouver.

[43] Battered women who are also survivors of childhood sexual abuse may need intense counselling over lengthy periods of time.

[44] Edward Gondolf, J. Hanneken, "The gender warriors: Reformed batterers on abuse, treatment and change," in *Journal of Family Violence,* Vol. 2, No. 2, pp. 177-191.

[45] Donald Dutton, "Treating Men Who Batter Their Partners," in *The Advocate,* Vol. 14, No. 3, 1987, pp. 12-13. Dutton shows that arrest with treatment reduced recidivism from 40% to 4%.

[46] N. Burns, Colin Meredith, Chantal Paquette, "Treatment Programs for Men Who Batter: A Review of the Evidence of Their Success." Ottawa: Department of Justice, Research and Development Directorate 1990.

[47] Presentation to the Task Force by a representative of the Victoria Family Violence Project.

IV. Sexual Assault

1. Dimensions of the Problem

Incidence

♦ *In 1982, 16,012 sexual offences were reported to police in Canada. In 1989, 26,868 sexual assaults were reported. This constitutes a 68% increase in only seven years.*

♦ *It is estimated that only one in ten sexual assaults is reported to the police. A Winnipeg study found that for date rape, only one in a hundred cases is reported to the police.*

♦ *90% of the victims of sexual assaults who come forward are women; most of the offenders are men.*

♦ *67% of sexual assaults are committed by offenders who are known to the victims.*

♦ *80% of sexual assaults happen in the victim's home.*

♦ *62% of victims of forced sexual intercourse are physically injured during the assault; 9% are severely beaten.*

– The Canadian Advisory Council on the Status of Women fact sheet, "Sexual Assault."

"The act of sex is . . . meant to be the most joyous of experiences, and in the act of rape it's turned into a violent, humiliating, controlling act of power and cruelty and hatred."

– Shari Ulrich, Testimonial

"These women are not statistics, or numbers, or even strangers. They are our mothers, our sisters, our friends, our partners. They may even be us."

– Kamloops Sexual Assault Centre, report to the Task Force

Introduction

Fear of sexual assault is something each woman in British Columbia knows about. Regardless of her position in society, she knows how it feels to look behind her, to check the parking lot, to be alert when she sees a man running towards her, to be afraid. She feels this fear *because* she is a woman.

Sexual assault is sexual terrorism. It can come from a stranger or a friend or a husband. It "pervades our lives and leaves us with no safe place, no way of knowing which of us will be next, or when."[1]

Every six minutes a woman is sexually assaulted in this country.

Every 17 minutes a woman is sexually assaulted by forced sexual intercourse.

One out of every five Canadian woman has been or will be sexually assaulted at some time in her life.

Using these statistics from the Canadian Advisory Council on the Status of Women, and the corresponding population percentages, we can estimate that in B.C. 171,000 adult women in British Columbia have been or will be sexually assaulted at some point in their lives.

Definition of Sexual Assault

Sexual assault is an assault that violates the sexual integrity of a person. Typically, it involves non-consensual sexual activity. Kissing, touching, vaginal intercourse, anal intercourse, and oral sex are all examples of sexual assault if done without a person's consent.

The Criminal Code of Canada outlines three levels of sexual assault. These levels parallel the definitions of physical assault. These Criminal Code provisions are in Appendix 10.

New sexual assault laws were introduced in 1983 as a result of pressure generated by the women's movement. These laws reflect a shift away from old attitudes, which saw rape as theft of sexual property. They emphasize the degree of personal injury to the victim, and the assaultive, rather than sexual, nature of the crime. Offences include non-consensual sexual activity by anyone, including the woman's spouse.

The sexual assault legislation also changed a number of procedural and evidentiary rules, with the intent of encouraging reporting of sexual assaults.

Effects of Sexual Assault

The emotional effects of sexual assault can be profound and disabling. While the system often pays more attention to the physical injuries which may be suffered in a sexual assault, it is emotional damage that is the invariable and usually most devastating impact of a sexual assault. These effects can include feelings of anxiety, fear, helplessness and depression, restricting the victims physical mobility and her ability to relate intimately – or even with trust – to others. The hurt of violation undercuts self-esteem and impairs self-assertion. These effects help explain late disclosure: the emotional wounds and fears can overwhelm and paralyse a victim for an indefinite period.

When a woman is raped, she is often asked, "Did he hurt you?" How do we find the language for this? The rape is the big injury, not the little injury!
– Andrea Dworkin, Keynote address at Women and Mental Health Conference, "Women in a Violent Society," Banff, Alberta, May 9, 1991

Along with physical injuries, there can be other physical results of sexual assault: pregnancy and disease. In one out of every twelve sexual assaults including forced sexual intercourse, the victim becomes pregnant as a result.[2] Also, sexually transmitted diseases (STD's) are the most common medical problem complicating sexual assault. For example, a 1991 study in New York found that 25 percent of victims had contracted STD's as a result of sexual assault, while a Seattle study found that 56 percent of victims had an STD at their initial or follow-up medical visits. An STD diagnosed at the time of a sexual assault adds to the trauma, whether or not it was acquired as a result of the rape.

The Social Context of Sexual Assault

Like all the other forms of violence against women, sexual assault is integrally linked with women's unequal status in society. The dynamics of power and control in sexual assault are the culmination of sexist stereotypes and power imbalances, whereby masculinity equals dominance, and it is acceptable for a man to use violence to assert his dominance over a woman.

Society's current sanctions against sexual assault are in themselves an expression of women's inequality. As Clark and Lewis said in their 1977 work on rape, "rape laws were never meant to protect all women from rape, or to provide women with any guaranteed right to sexual autonomy. Rape laws were designed to preserve valuable female sexual property for the exclusive ownership" of those men to whom the women "belonged."[3]

When societal awareness of violence against women and children increased in the late 60s, and 70s, rape was the first area of violence on which women focused. Feminists began rape crisis centres to provide services to victims of those crimes, and to lobby for legislative and social change.

Their analysis highlighted four facts:

- women who had been raped needed to be believed, and to receive support and counselling services
- victims felt humiliated and discredited when they became involved in the criminal justice system
- sexist attitudes towards women were reflected in and reinforced by legislation and the courts, as well as by the media, the education system, and the medical profession
- rape had one of the lowest reporting and conviction rates of crimes against persons

Today, while there has been progress, much remains the same.

One spectacular gain has been the growth of woman-based services in the form of sexual assault centres, where a victim of sexual assault can be believed, can find support, and can obtain information about her options.

But it is still true that sexual assaults are dramatically underreported.

Anyone who listens to the night news can recall instances over the past year where women who reported sexual assault were humiliated by the criminal justice process: one woman indicates she has been bullied by police and is charged with mischief; another says that she felt "raped over and over again" by three days of cross-examination; in another case the complainant is disappointed when the defence of "honest but mistaken belief in consent" is successful; another hears in the course of judge's reasons that "no" can mean "maybe" or "wait awhile."

It is the position of the Task Force that although "gender free" definitions of sexual assault in the Criminal Code are arguably required by the Canadian Charter of Rights and Freedoms, they are in fact expressions of gender bias, because sexual assault is almost exclusively a crime committed by men against women.[4] In practice the gender specificity of crimes such as sexual assault should be acknowledged in order to ensure that women are given the protection they need in a milieu where sexist attitudes towards victims of violence often flourish.

This Task Force recognizes that men accused of sexual offences have used the Canadian Charter of Rights and Freedoms to argue that the sexual assault laws infringe upon their rights. In this way the Charter can be used to limit, rather than extend, women's rights to live free from sexual violence. An example was the August 1991 Supreme Court of Canada ruling in the "rape shield case," which prompted Criminal Code changes in December that restore protections to the victims.[5]

In terms of social and attitudinal change, it is true to say that some people are beginning to understand that sexual assault is an act of violence, not sexual passion. The misconceptions – that women secretly want to be sexually assaulted, that sexual assault happens only to conventionally attractive young women, and that rapists are strangers in alleys – have been discredited. But because these myths are deeply rooted in the structure of our society, they persist.

The fact that I was stabbed . . . made it very clear that this was a violent attack. There would be no question about whether or not I did anything to ask for it . . . Somehow I felt more secure, more comfortable in the fact that it was so clearly a very violent act.
– Shari Ulrich, Testimonial

Sexual assault continues within a social context which asserts that a man has a right to sexual access to a woman under certain conditions. A woman is said to "have led him on," may be drunk or "stoned," may have granted sexual access rights to someone else, may have let him go "part of the way," may have said "no" but really meant "yes."

Victim-blaming continues. It can be overt, as in the expression, "she was asking for it." Or it can be covert, as in the statements, "she was sending mixed messages," or "she showed poor judgment."

The justice system continues to find it difficult to believe some women who have been sexually assaulted. If a woman is white, middle-class, married, employed and able-bodied she has a better chance of being believed than if she is an immigrant, a woman of colour, an aboriginal woman, a lesbian, a woman with physical or mental disabilities, or a poor woman. If a woman is a sex trade worker, or in any way identified as "loose" or "promiscuous," a young victim of dating violence, a substance abuser, or a woman with a criminal record, she has even less chance of being believed. The more of these categories a woman fits into, the less likely it will be that she will receive help from the criminal justice system.

In addition, women who do not suffer physical injuries in an assault are less likely to be seen as credible than those who do.

The 1983 sexual assault laws made significant changes in evidentiary rules. For example, the old law required the judge to give a warning that it may be unsafe to find the accused guilty in the absence of corroboration. But, in spite of these changes, corroboration in the form of physical injuries is still clearly an asset in establishing the victim's credibility, and has a direct bearing on the outcome at trial.[6]

Stereotypes about female sexuality continue to be reflected in judges' decisions. The federal report, *The War Against Women* comments:

"Witnesses before this Committee recounted a number of court cases involving the sexual and physical abuse of women. In each example, the sitting judge revealed, in his comments, insensitivity toward the victim and a lack of understanding of the effects of the harm caused by the violence against her. The Committee was struck by the many examples it heard of judges' comments that tended to excuse violence against women and blame the victim."[7]

Sexist assumptions, victim blaming, minimization, and discrimination remain powerful barriers to ending sexual assault. They should be carefully considered and explicitly acknowledged in all discussions of ways to provide more effective sexual assault prevention and support for victims.

Date Rape

One in eight girls in Canada is sexually assaulted before she reaches the age of 17, based on statistics available from the Advisory Council on the Status of Women.

For young women, sexual assault can occur as "date rape" – the sexual abuse of a young woman by her male "date" in a relationship where the couple is not living together.

Canadian studies paint a disturbing picture of the vulnerability of girls to violence within dating relationships. As *The War Against Women* reports, a 1991 study in London, Ontario, found that 60% of girls surveyed indicated awareness of dating violence in their circle of acquaintances.[8]

The coordinator of the dating violence program at Battered Women's Support Services in Vancouver reported to the Task Force that the young women she works with have comparable knowledge of dating violence, accompanied by feelings of vulnerability and fear. She indicated that many boys accept the use of force in personal relationships. Sometimes one or both persons sees the abuse as a sign of love.

These attitudes point to the fact that violence against women is learned when young. They underline the urgency of providing violence prevention programs to the young people of this province.

Date rape is not, however, exclusive to young women, although it is this group for which research is available. Date rape also happens to older women who are dating. For example, if women refuse to have sexual activity early on in a relationship, they may be subject to forced sex, with the excuse that they just don't know "the rules

In an Ontario study, secondary school students were asked "if it is appropriate for a male to force sexual intercourse on a female" under certain circumstances. The boys responded as follows:

- *5% said yes if the boy had spent a lot of money;*
- *12% said yes if the girl had gotten the boy sexually excited*
- *17% said yes if the girl had led the boy on*

The percentage of girls who thought forced sexual intercourse was appropriate in the same circumstances was .6%, 3.5% and 5% respectively.
– Violence Prevention Newsletter, No. 2, June 1991, London Family Court Clinic, London, Ontario

When junior secondary students attended a Vancouver Playhouse performance of "A Streetcar Named Desire," in October 1990, male students cheered as the female lead character, Blanche, was raped by the male lead, Stanley.
- Battered Women's Support Services Dating Violence Coordinator, submission to the Task Force

have changed" since they were teenagers.

2. Gaps and Obstacles in Policies, Programs and Services

Policies and Inter-disciplinary Protocols

There are no inter-branch or inter-ministerial policies for sexual assault in British Columbia comparable to those that have been developed for wife assault and child sexual abuse. Currently only the Crown has policies on sexual assault.

The Ministry of Attorney General is currently reviewing this situation, with a view to developing a sexual assault policy in the context of a policy on violence against women.

Coordination and cooperation among police, Crown counsel, victim assistance programs, sexual assault centres and other community agencies vary widely from community to community. No formal inter-agency committees exist at the local level, as they do for wife assault and child sexual abuse cases.

While in some communities the relationship between sexual assault centres or community-based specialized victim assistance programs on the one hand, and police-based and Crown-based victim assistance programs on the other hand, is a good one, lack of cooperation between these groups can lead to victims not accessing the services they need. This is also true of the relationship between police themselves and those community agencies responding to sexual assault.

Part of the problem appears to be a conflict between woman-centred and system-centred services. Services based in the community, often operating from a feminist perspective, find themselves in conflict with system-based services, whose commitment to the woman is tempered with a commitment to the system itself.

There has until very recently been no province-wide association of agencies involved in sexual assault work. The province's sexual assault centres and community-based specialized victim assistance programs are now in the process of forming such an association. Possible goals of this association may include the development of standards and reporting methods that can be used province-wide, and a review of salaries and working conditions province-wide.

There are frequently reported problems of coordination within victim assistance programs at the local level. The Task Force expects that the evaluation of the victim assistance programs currently under way within the Ministry of Attorney General will address this crucial issue.

Programs and Services

Community-based and Justice System Support Services

Services are provided to victims of sexual assault by sexual assault centres and victim assistance programs. See Appendix 6 for more information on the victim assistance program.

There are also a number of other agencies and services that deal with victims of sexual assault as part of their work, but not as their main focus. These include women's centres, transition houses, family service agencies and counselling agencies.

There are seven sexual assault centres, initiated at the community level and funded by the Ministry of Attorney General. Their sole purpose is to provide support services to victims of sexual assault. They are located in Vancouver, Victoria, Duncan, Fort St. John, Terrace, Kamloops and Nanaimo.

Services vary from agency to agency, depending on other services available in the community and the resources of the centre. They are all non-profit registered societies. Some see only women; some see men as well. Some will also provide services to family and friends of the victim.

Services of a sexual assault centre can include "follow-up contact and counselling where the centre has the capacity" (Ministry of Attorney General sexual assault centres contract, 1991.) In reality this means that these extended services are usually funded through fund-raising.

Some centres employ paid professionals, such as graduates in social work and professional counsellors; others rely on lay counsellors. In some areas counselling is provided by the local sexual assault centre; in other areas counselling is provided only by local professionals.

The sexual assault centres also serve as the specialized victim assistance program for their area.

An eighth community-based sexual assault organization, in Vancouver, receives no government funding at all. It has identified itself as being better able to do advocacy work because it is not tied to government money.

Sexual assault centres are particularly effective providers of front-line support and referrals, advocacy and counselling. Their strength lies in the fact that they are community-based and start from the premise of believing the woman and helping her find her own solutions.

There are not enough sexual assault centres in the province. Those which do exist are chronically under-resourced and overworked. Paid staff are often highly trained and experienced, and seriously underpaid. Typically, a staffer with 15 years experience, or who holds a master's degree works for $20,000 to $35,000 a year.

Historically, sexual assault centres ran on volunteer power with paid staff hired to coordinate the work of the volunteers. As the standards and expectations of these services have increased dramatically over the last decade, so has the need for well-trained and experienced personnel. In spite of ongoing agency training programs and the recently produced Ministry of Attorney General victim assistance program training curriculum, volunteers may not have adequate training to provide the necessary counselling in what are often highly complex cases.

Community-based specialized victim assistance programs provide effective support and referrals, but staff often do not have the skills necessary to provide counselling and are not funded to do so.

Lack of services in remote and rural areas, particularly culturally sensitive services for aboriginal women, is a major problem.

Up until now, coordinator and volunteer training has depended very heavily on the efforts of individual agencies, which has caused some concerns about the quality and quantity of training. These concerns are addressed by the victim assistance program training curriculum produced by the Ministry of Attorney General.

Regardless of services offered, size of community, numbers of staff and volunteers, I can safely say that all community-based specialized victim assistance programs and sexual assault centres either have waiting lists or are providing only band-aid services to women who need major surgery.
– Kamloops Sexual Assault Centre report to the Task Force

Funding for the services and programs offered by sexual assault centres and other community-based specialized victim assistance programs is inadequate. Serious underfunding is exacerbated each year by increased service demands. Consequently, staff stress, burn-out and turn-over are a constant problem.

Sexual assault centre staff are in high demand in other social service areas, where more realistic salaries are offered. The high staff turn-over exacerbates the problems of training and underfunding, because it necessitates the constant, and expensive, retraining of staff.

Because these services are provided by contracted agencies, which are as diverse as their staff and the communities in which they are based, victim assistance programs, especially system-based victim assistance programs, do not always operate from a clearly articulated woman-centred perspective.

Counselling Services

There is a general lack of recognition of the vital importance of ongoing counselling services for women directly affected by violence.

In some parts of the province there are no counselling services at all; in other areas, where counselling services do exist, they cannot meet demand.

Women who need to access therapy from private counsellors currently have limited choices, based on their income and location.

One sexual assault centre worker described to the Task Force what she called the "tragic Catch 22 of counselling:"a woman may need counselling to empower her to report the crime to the justice system. But, until she reports, she cannot be eligible for Criminal Injury Compensation to pay for counselling.

Lack of psychological intervention for victims can lead to post-traumatic stress, the development of phobias, depression, suicide, anxiety, apathy, and compulsive behaviour. All of these forms of suffering have significant social as well as individual costs.

Advocacy

It not enough to set up services for women who have been sexually assaulted. Women have to be able to access these services. There are many barriers to access, including lack of familiarity with the way systems work, and language and cultural barriers. Advocates work to overcome these difficulties, and to compensate for the power imbalance that exists between the individual woman and the institutions she must deal with.

Lack of advocacy services for women who have been sexually assaulted is a major obstacle to women receiving the services they need. Within government there appears to be a lack of appreciation of the usefulness of advocacy services, and consequently, there is inadequate recognition of the need for these services within sexual assault centres and community-based specialized victim assistance programs.

In particular, the advocacy needs of women who are from groups that are particularly discriminated against by our society – women of colour, immigrant women, lesbians, women with physical and mental disabilities, elderly women, poor women, women from rural and isolated areas and aboriginal women – are not being met.

Self-Help

There is insufficient recognition that self-help groups can work effectively, particularly when they are used in conjunction with professional help, where appropriate.[9]

Sex Offender Treatment Programs

British Columbia has 16 sex offender treatment programs for adults and 9 programs for youths 12-16 years old. Most of these are located in the community, where they provide services to offenders who are on parole or probation.

Institutional sex offender programs are provided at some provincial and federal institutions.

Clearly, there are not enough sex offender programs in the province, particularly in non-metropolitan areas. Access is limited for those which do exist.

In addition, programs are often not sufficiently complex or sophisticated to address offenders' needs. For example, it may be important to identify and treat concurrent addictions problems.

Sex offender programs are not linked to victims programs and family programs, which is especially problematic in the case of offenders who intend to return to their families.

Disaster Planning

The experience in California in 1989 indicated that women and children are at risk of sexual assault in the aftermath of a disaster.[10] Preliminary evidence appears to indicate that violence against women increases after a major disaster, and that the capability for community agencies to respond to women's needs decreases. Emergency planning committees focus on food, shelter, clothing and medical services. There has been little work done in the area of violence prevention or intervention, and the needs of particularly vulnerable women have not been addressed in this context.

Justice System

In their 1977 study of 116 rapes reported to the Metropolitan Toronto police, Lorenne Clark and Debra Lewis concluded:

> "The progress of a rape case through the criminal justice system reflects a highly selective process of elimination. Only a fraction of all rapes are reported; only a fraction of reported rapes are classified as founded; only a fraction of founded cases lead to an arrest; and only a fraction of suspects are convicted."[11]

The 1988 Department of Justice Report on the Treatment of Sexual Assault Cases assessed the impact of the 1983 changes to sexual assault legislation. It found that sexual assault remains underreported, and that founding rates have not changed dramatically in the last 10 years. (Its findings on conviction rates were inconclusive: in some sites conviction rates had gone up, in others they had gone down.)[12]

The ways in which a woman's credibility in cases of sexual assault is still called into question, despite the legislative changes of 1983, are addressed in detail by the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System. See Appendix 3 for a summary of the concerns respecting violence against women which were identified by British Columbia in its draft recommendations to the Working Group.

Their findings support the comment by Madam Justice Bertha Wilson:

> "Some aspects of the criminal law in particular cry out for change; they are based on presuppositions about the nature of women and women's sexuality that, in this day and age, are little short of ludicrous."[13]

The length of the legal process, from the first report to the police to the court outcome, adds to the stress an assaulted woman experiences. It can be six months or more between the time the accused is charged and the preliminary hearing takes place. Then it can be a year until the trial takes place. Sometimes there are hearing and trial adjournments, adding to the delays.

Police

All police officers receive basic training in conducting sexual assault investigations. However, training of police recruits does not adequately address the nature and dynamics of adult sexual assault, or the need to work closely with community agencies providing services to victims of sexual assault. Similarly, police advanced training is not extensive enough to provide the expertise necessary in responding to the complexities of sexual victimization. The only intensive police training focuses on child sexual abuse investigations, not on the nature and dynamics of adult sexual assault. See Appendix 8 on police training.

The larger police departments and detachments have specialized sexual offences or morality units to handle investigations of sexual assault cases. The Task Force heard, however, that training even for officers working in these special units is often not adequate for the complexity of their job. In addition, even where a special unit exists, it is usually a general duty officer who is the first to respond to a call involving sexual assault. In smaller departments or detachments, specialized units do not exist.

Police are still using or threatening to use polygraph (lie detector) tests as an investigative tool on sexual assault victims. Police sometimes ask sexual assault victims to take a polygraph test if they doubt a woman's credibility or have some other evidence that contradicts what she is saying. Police may make a decision whether or not to continue to investigate a case based on the results of the lie detector test. Because the accuracy of the polygraph is not accepted by Canadian courts, its use by the police on sexual assault victims is seen as at best questionable, and at worst, harassment.

Police are still charging or threatening to charge women with public mischief if they withdraw sexual assault complaints.

A 1988 federal Department of Justice study on the treatment of sexual assault cases in Vancouver found that 50% of the police reports containing a suggestion that the victim was "promiscuous or of bad moral character" were considered as unfounded, compared with 11% of reports lacking this judgment.[14]

The same study found that where the police report indicated that the complainant was "vulnerable due to physical or mental disabilities, the report was almost three times more likely to be considered unfounded."[15]

Crown Counsel

Under current Crown counsel policy, Crown counsel may meet with the woman before charges are laid, and will interview the victim/witness "well in advance" of the trial or preliminary hearing. However, if the office is busy, the interview may not take place until the day of the trial itself.

Policy also states that at the bail hearing, "the protection of the complainant must be the prime consideration."[16]

In serious sexual assault cases, it is Crown counsel policy to have the same prosecutor, wherever possible, from the initial interview until the final adjudication. The policy states that "at all times, the dignity and feelings of the complainant must be respected."[17] In practice, however, one Crown counsel may handle the pre-trial interview; another may handle the trial.

Crown counsel have no specialized training in the area of sexual assault, except for specialized prosecutors who handle child sexual assault cases. There is no specific training in the area of relating to women who have been sexually assaulted, and there is no policy direction or training on the use of forensic evidence.

There is similarly no specific training on approaches available to Crown counsel to address the psychological injuries of sexual assault in sentencing submissions.

Judiciary

There has been insufficient recognition of the need for the judiciary to receive training in the dynamics of sexual assault, and in the prevalence of gender bias in the justice system's response to this crime.

Until the past few years, the issue of gender bias in sexual assault judgments was not even raised in a public forum.

Compensation

Criminal Injury Compensation is available for those victims who have reported to police and are judged to be eligible for compensation. An award may be granted for lost wages, to compensate for pain and suffering, and to pay for necessary counselling.

Civil Litigation

Under the B.C. Limitation Act, the general rule is a two-year limit on the length of time that can elapse between an "injury" and when someone can be sued for that injury. A woman who has been sexually assaulted can sue the assaulter for damages within two years of the crime, the realization of her "injuries," or her age of majority.

This puts an obstacle in the way of a sexual assault victim, who may not know the extent of her "injury" until she is well into recovery and may have difficulty "proving" that the "injuries" are a result of the assault.

Yet another barrier is the the lack of a legal aid tariff for civil matters of this kind. If a woman cannot afford a private lawyer, she often finds herself without legal representation. Few lawyers can afford to provide pro bono services on any consistent basis.

Health services

Hospitals

Protocols for medical examinations and forensic medical examinations for victims of sexual assault are in place in many hospitals. But hospital response varies widely from

Humane treatment of sexual assault victims should not be dependent on the idiosyncratic decisions of hospital administrations, emergency departments, or police detachments. These examinations should be seen as a priority, and hospital and police budgets should be developed accordingly.
– Sexual Assault Service, University Hospital, Shaughnessy Site, submission to the Task Force

community to community. Some hospitals have women doctors available to do the examination, some do not. Some doctors are highly experienced in dealing with patients who have been sexually assaulted, some are not.

Large emergency departments usually have experienced and specifically trained physicians on duty 24 hours a day. In Vancouver, Shaughnessy Hospital has just opened a new Women's Health Centre, which now incorporates the Sexual Assault Service. This service, which has been in existence for some years, is staffed with doctors who are highly experienced in dealing with victims of sexual assault.

Starting in March, 1992 in Victoria, a Sexual Assault Response Team is available on a 24 hour a day basis. The Team consists of hospital emergency nursing staff, on-call physicians and workers from the Victoria Sexual Assault Centre. The program has been designed in consultation with police and crown to ensure that protocols used by the Team meet their needs for investigation and prosecution.

At some hospitals, an emergency ward nurse will give a sexual assault case priority and arrange for the woman to go to a private room. At other hospitals the woman is interviewed in a public area.

The first problem is the lack of availibility of [specialized sexual assault] services in many other hospital jurisdictions throughout B.C. While physicians in many communities in B.C., for example, Prince George and Kamloops, have taken some responsibility in developing similar services for sexual assault victims, many others have not. In fact, in small communities with only a few physicians, such a specialized service may not be practical. On the other hand, there are many areas . . . where such services must be developed.
– University Hospital Shaughnessy Site, submission to the Task Force

Hospitals usually use a special rape or sexual assault evidence kit for forensic examinations. The kits contain written guidelines, as well as the necessary documents and specimen containers for the collection of legal evidence. Policies and procedures vary regarding the obtaining of the victim's consent for the gathering of information, release of information, and documentation of the physician's examination. Hospitals likewise vary in the kinds of medical examinations they do in order to gather forensic evidence. Some hospitals do a much more intrusive examination than others.

There is a lack of clarity about when the forensic medical examination must be done. Police and medical professionals often see this as a procedure that must be done only if the woman has made or is willing to make a statement to police. This approach does not take into account the fact that a woman who is initially unwilling to make a report to police may be willing to do so after contact with support services. In such a case, crucial evidence may be lost if a forensic examination has not been done.

There is also a lack of information about the usefulness of the forensic examinations. For example, how often does Crown counsel use this evidence at trial? How significant is it in prosecuting the case? Is the intrusiveness of the procedure worthwhile from the assaulted woman's point of view?

Mental Health Centres

The mandate of Mental Health Centres to provide services only to those who are chronically mentally ill and to those experiencing acute psychiatric distress is too narrow to be appropriate to most sexual assault victims. This has caused concern for some time among those providing direct service to victims of sexual assault. Sexual assault victims are in most cases not a priority at Mental Health Centres. If they are not homicidal and not suicidal, it is unlikely that they will be able to access Centre services.

Women who have been sexually assaulted and who are psychiatrically disturbed have no appropriate emergency residential facility available to them.

Sexual Assault Prevention Education

Sexual assault prevention education is not adequately addressed at any level. Current services focus on "after the event" response. Sexual assault centres and community-based specialized victim assistance programs are either not funded adequately or not funded at all to do prevention work specifically. When they do provide prevention education, often at the request of schools and community organizations, they must often do this in addition to the direct service work for which they are funded.

A major gap in the area of prevention education is the lack of violence prevention curricula at the elementary and high school level in B.C. schools.

There is little recognition in society and in educational institutions of the underlying social causes of victimization, based on social inequalities, deeply held biases, and values about power and control. Consequently, there is little understanding of the need for prevention education to focus, in the long run, on these issues.

3. Sexual Abuse by Persons in Positions of Authority

The Issue

Sexual abuse of vulnerable adults by persons in authority is a form of sexual assault in which the abuser who holds power and control is in a special position of trust.

This form of sexual assault has been cloaked in silence, and it is only recently that its dimensions and dynamics have become visible. A central feature of this form of abuse is the acute nature of the unequal power relationship between the abuser and abused.

The abusers, such as physicians, psychiatrists, nurses, dentists, teachers, and clergy, have credibility and status in the community. The victim of the abuse, the patient or student or parishioner, comes to the abuser in a state of vulnerablility. In the case of the physician-patient relationship, for example, the victim may be ill, or emotionally needy.

Abusers in positions of authority often belong to bodies that are recognized as being self-regulating, and are therefore difficult to challenge. Complaint processes are typically very complex, and there is little public accountability.

This largely hidden form of abuse is only now starting to emerge as a visible issue, and becoming the subject of public inquiry. In response to a wave of high profile cases of child sexual abuse by priests, the Catholic church undertook an inquiry into the scope of abuses by clergy. In response to similar concerns, the Ontario and B.C. Colleges of Physicians and Surgeons have undertaken inquiries into possible abuse by doctors.

The situation with respect to doctors is used here as an example of abuse by persons in positions of authority, because of the particular vulnerability of female patients and because of the current focus on this issue resulting from the Ontario and B.C. Colleges of Physicians and Surgeons initiatives. This section is not meant to imply that doctors are any more likely to be abusers than any other group of professionals.

With respect to abuse in a medical setting, sexual assault of patients also occurs with therapists and other "alternate" health practitioners, some of whom have no professional regulatory body. Non-professional members of the health care and the mental health care system, such as orderlies, may also sexually assault patients.

Patients who are sexually assaulted can be doubly or triply jeopardized because they are already subject to discrimination. For example, the sexually assaulted woman may have a physical or mental disability. Or she may be a survivor of childhood sexual abuse or of previous sexual assault. A woman who is in psychiatric treatment may be particularly vulnerable if she discloses the abuse– disclosure may be seen by the authorities to whom she complains as further evidence of mental disorder, and may be discredited as a valid complaint.

The final report of the Ontario College of Physicians and Surgeons Independent Task Force on Sexual Abuse of Patients cites a study in which 8% of Ontario women reported sexual harassment or abuse by doctors. The Ontario Task Force hearings and U.S. studies indicate that the abusive physicians are mostly male, and the victims mostly female. The report also indicates that physicians who abuse are often serial abusers, so that many patients of an offending physician are affected.[18]

The B.C. College of Physicians and Surgeons has set up its own task force to study this problem. This task force consists of five doctors and four non-doctors, including two lawyers (one from the Ombudman's office), an ethicist, and a representative from the aboriginal community. It is co-chaired by a doctor and a lawyer from the Ombudsman's office. There has been community pressure on the College of Physicians and Surgeons to include more lay community members and direct service providers on this task force. In response to pressure, the College has decided to make its research findings public, and to include public hearings.

> *The risk of harm to the public posed by a person in a position of trust who chooses to abuse this position to exploit and abuse is rarely identified and profoundly underestimated when it is named.*
> – The Ontario Task Force on Sexual Abuse of Patients

The effects on the victim of sexual assault by an authority figure may be extremely serious. It is generally understood that abuse by a psychiatrist or psychologist is on the more damaging end of the continuum, because of the specific intimacy of the therapeutic relationship, the disclosure of personal feelings and secrets, and the power of the "transference" that reinforces the parent-child dimensions of the relationship. The dynamics are assessed to be identical to incest.

Gaps and Obstacles in Services

Many agencies and individuals view wife assault and sexual assault as a "nuisance" and an inevitable part of relationships and being a woman.
– Mizpah Transition House, Dawson, B.C., submission to the Task Force

Victims are often ignored and disbelieved. When they speak out, they challenge deeply held social beliefs about the credibility and trustworthiness of authority figures. A common response is to deny the power relationship that facilitated the abuse, and to say that the victims, being adults, must take responsibility for their own victimization. Another response is to attribute equal responsibility to both abuser and abused. Denials issued by credible professionals are usually believed.

Physicians who know or suspect that their colleagues have been sexually assaulting patients are told that the complaint has to come from the patient. There is currently some discussion of mandatory reporting by doctors, an option that is recommended by the Ontario Task Force preliminary report. Mandatory reporting is a difficult issue, which must be balanced with the patient's rights. The patient may not be ready or able to go through with the complaint process at that point.

The complaint procedure itself is beset with obstacles. If a complainant is successful in obtaining a tribunal hearing before the Council of the B.C. College of Physicians and Surgeons, the College will have a lawyer, and the doctor may have a lawyer. The complainant's interests are supposedly represented by the College. She has no independent legal representation.

If the woman chooses to take the complaint of sexual assault to criminal court, and the doctor is convicted, the doctor does not automatically lose his licence.[19]

Another obstacle is that there are few services available to women who have been sexually abused by persons in positions of trust. Victims can receive services from sexual assault centres, and various mental health professionals, including psychiatrists and therapists in private practice.

Many of the victims cannot afford to see therapists in private practice. Few psychiatrists in the province have much experience in working with victims of this particular kind of sexual assault.

The prevalence of sexual assault by medical professionals, teachers, clergy, and other persons in positions of trust has not yet been fully recognized at a public level. There is as yet little awareness or acknowledgement of this form of sexual assault, and less understanding of the suffering it brings to its victims. Denial, on the part of society as a whole, and on the part of the professions, is a major obstacle to effectively addressing this issue.

ENDNOTES

[1] Vancouver Women's Research Centre, *Recollecting Our Lives.* Vancouver: Press Gang, 1989, p. 107.

[2] The Canadian Advisory Council on the Status of Women fact sheet, "Sexual Assault."

[3] L. Clark and D. Lewis, *Rape: the Price of Coercive Sexuality.* Toronto: Women's Press, 1977) p. 124.

[4] Christine Boyle, *Sexual Assault.* Toronto: Carswell, 1984, p. viii.

[5] R. v. Seaboyer: R .v. Gayme (1991) 66 C.C.C. (3d) 321 (S.C.C.).

[6] Ekos Research Associates Inc. *Report on the Treatment of Sexual Assault Cases in Vancouver, British Columbia.* Ottawa: Federal Department of Justice 1988a, p.72.

[7] Government of Canada, *The War Against Women,* June 1991, p. 23.

[8] Peter Jaffe quoted in *The War Against Women, 1991.*

[9] Shelley Neiderbach, *Crime Victims Speak.* New York: The Hawthorn Press, 1986, p.239.

[10] Commission for the Prevention of Violence Against Women, *Report to the Mayor and City Council of the City of Santa Cruz*, 1990.

[11] Clark and Lewis, p. 57.

[12] Of the sites studied, conviction rates had gone up in three sites, down in two, and remained approximately the same in two. This report also found very few spouses and few males reporting incidents to the police. There were virtually no female assailants identified by complainants. Department of Justice Research Notes, June 1991, comments: "The spousal exemption and the gender-neutral language of the offence had therefore made only a small contribution to the increasing numbers of reports made to police."

[13] Madame Justice Bertha Wilson, "Will Women Judges Really Make a Difference?" *Osgoode Hall Law Journal*, vol. 28, no.3, p. 509.

[14] Ekos Research, p. 51.

[15] Ekos Research, p. 174.

[16] Crown counsel policy on sexual offences, p. 2.

[17] *Ibid,* p. 2.

[18] Independent Task Force Commissioned by the College of Physicians and Surgeons of Ontario, *Final Report of the Task Force on Sexual Abuse of Patients.* Toronto, 1991, pp. 13, 81-86.

[19] H. Walsh, "An Epidemic of Abuse," *Kinesis,* July-August, 1991, p. 9.

V. Child Abuse

Incidence

- *In 1989, the Ministry of Social Services conducted 6,500 investigations of child physical abuse; 9,340 investigations of neglect, 1,122 investigations of emotional abuse and 6,943 investigations of child sexual abuse.*[1]
- *". . . at sometime during their lives, about one in two females and one in three males have been victims of unwanted sexual acts. About four in five of these incidents first happened to these persons when they were children or youths."*[2]
- *Badgley reports that "female victims were more than twice as likely (23.8%) as male victims (11.1%) to have sought assistance."*
- *98.8% of child sexual abusers are male.*[3]
- *The number of reported adolescent sexual abusers is growing, currently constituting about one quarter of all child sexual abuse offenders.*[4]
- *Many sub-groups of the population are at particularly high risk for sexual abuse. In a 1979 study, 50% of stepdaughters had been abused; 60-70% of foster children, runaways, drug addicts, and prostitutes report child sexual abuse in their backgrounds.*[5]

1. Dimensions of the Problem

"Many of our children live in a 'war zone' at home. So many of them go through one dysfunctional relationship after another . . . One little boy I taught, (Grade 1) was angry and mean. He had black eyes and bleeding feet (because his shoes were too small and he wore no socks). He had a cigarette burn on his face that was put there by his step-father. How could he learn to care for others or himself?"

– Teacher quoted in the B.C. Teachers Federation submission to the Task Force.

"Mum had a new boyfriend. When she used to go out he made me put his 'thing' in my mouth. He said he'd kill me if I ever told anyone."

– Grade 4 girl disclosing an abuse that happened when she was 6 years old, quoted in the B.C. Teachers Federation submission to the Task Force.

"The problem of child abuse can be understood only as part and parcel of the overall society's commitment to the welfare of children and families."

– James Garbarino, *Understanding Abusive Families*.

Introduction

The maltreatment of children is as old as recorded history. It is only in recent decades that this behaviour has been defined as abuse and laws and policies developed to control it.

Like other forms of family and sexual violence, abusing children is an abuse of power. The victims of this abuse are among the most powerless in our society. Dependent on adults for their physical and emotional well-being, children are particularly vulnerable to abuse and neglect, singularly unable to protect themselves, and often most deeply traumatized over the long-term because of their primary relationship with their abuser.

Society has a responsibility to detect, to intervene, and to protect. Such a societal response can occur only if enough people are aware of the signs and dynamics of abuse, know of their responsibility to report, and care enough to get involved.

The "discovery" of child sexual abuse has triggered the most significant changes in the field of child protection in recent years. The breadth and depth of the impact of child sexual abuse is being increasingly documented by researchers and service providers. The magnitude of the problem continues to stun the Canadian public. Cases of incest and multiple abuse over years and even decades by men trusted in their communities are commonplace. Thousands of children in schools, in churches, and in their homes have been and are being sexually abused.

Many child victims are coming forward for help. Many others have not been heard until they are adults. Many more have never told anyone about the abuse, or have told and not been heard, and are still not receiving the help they need as children or as adults.

The demand for services is immense. Social service agencies cannot keep up; waiting lists for counselling are months, even years, long. Some waiting lists are closed. Those who do not get help are left to deal with their abuse and their abuser alone and in terrible distress, twisting their lives to fit the pattern of their abuse.

Great progress has been made over the past decade. Society and its institutions have begun to recognize child sexual abuse as a reality and as a major social problem that must be addressed. Services have been established to meet the needs of victims. Adolescent sex offender treatment programs have been set up. Major studies have been done and significant reports produced. Policies have been written. Laws have been improved. Prevention programs have been developed. More and more children are being believed. But it is not enough.

It is widely speculated that there has been a dramatic increase in the incidence of child sexual abuse. However, although rising population figures have certainly resulted in increased numbers of child sexual abuse occurrences, and the public focus on this issue has resulted in increased reporting of this crime, there is no evidence that suggests that the proportion of occurrences in relation to the total population has increased.[6]

The current focus on child sexual abuse has, to a great extent, eclipsed the focus on the physical abuse and neglect of children. The Task Force has been reminded many times that these remain urgent issues for children and families in British Columbia.

Definitions

For reasons of provincial consistency, the Task Force has adopted the definitions of the various types of child abuse provided in the Inter-Ministry Child Abuse Handbook.

Child abuse means "physical, sexual or emotional abuse."

Physical abuse means "any physical force or action which results in or may potentially result in a non-accidental injury to a child and which exceeds that which could be considered reasonable discipline."

Emotional abuse means "acts or omissions of those responsible for the care of a child which are likely to produce long term and serious emotional disorder. This might include effects such as non-organic failure to thrive; developmental retardation; serious anxiety, depression or withdrawal; or serious behavioural disturbance."

Consideration should be given to the fact that children who witness wife assault may be suffering to the effects of emotional abuse. This issue is discussed in the Wife Assault Chapter.

Neglect means "the failure of those responsible for the care of the child to meet the physical, emotional or medical needs of a child to an extent that the child's health, development or safety is endangered."

Child sexual abuse means "any sexual exploitation of a child whether consensual or not. It includes touching of a sexual nature and sexual intercourse, and may include any behaviour of a sexual nature toward a child. In determining whether behaviour is of a sexual nature, one should ask whether a reasonable observer, looking at the behaviour in its context, would conclude that it is. This would exclude normal affectionate behaviour towards children and normal health or hygiene care.

"Sexual activity between children may constitute sexual abuse if the difference in age or power between the children is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child. This would exclude consensual, developmentally appropriate sexual activity between children where there is no significant difference in age or power between the children."

Child abusers may be charged under Criminal Code sections that include sexual offences against children; general sexual assault sections or assault sections. Section 43 of the Criminal Code sets out the conditions under which corporal punishment may be used in relation to children. (See Appendix 10 for relevant Criminal Code provisions.)

The Dynamics of Child Abuse and Neglect

I wanted to go to the school dance. My Dad said only sleazy girls would go. He said I'd become a prostitute. He saw I was crying so he hit and kicked me because he thought I didn't understand.
– Grade 7 girl quoted in the B.C. Teachers Federation, submission to the Task Force

At age three or four, my father raped me. I remember him choking me, his hands on my throat . . . I felt different growing up, different from anyone else . . . I had anxiety attacks. I used to have convulsions . . . I remember running away at age seven . . .
– Woman quoted in *Recollecting our Lives*

Those who abuse children physically, emotionally, or by neglect can be men or women, from any age group, and from any socio-economic, cultural, or religious group. The causes of child abuse are multidimensional and interactive.

The majority of children who are sexually abused are girls, but many are boys. Most of their abusers are men.

Children who are from groups that are particularly discriminated against by our society - immigrant children, children of colour, children with disabilities, children who are poor and children living in rural and isolated areas - encounter obstacles and discrimination beyond those ordinarily faced by children. Aboriginal children have especially suffered as a result of discrimination. A start has been made to address the situation of aboriginal children by child service agreements between Bands or Tribal Councils and the Ministry of Social Services. See Appendix 22.

The Abuse

Emotional abuse is probably the most pervasive type of child abuse in our society, the hardest to identify, the easiest to ignore, and the most difficult in which to intervene. The injury to a child's feelings is difficult to prove, whether in a criminal or in a child protection context. Consequently such forms of abuse are usually ignored by the authorities and by society unless they become very extreme or are inflicted in combination with physical or sexual abuse.

There is no easy way to operationalize the definition of emotional abuse. It can include a range of behaviours: rejecting, degrading, terrorizing, isolating, name-calling, corrupting, exploiting, denying emotional responsiveness, making gender-based insults, or expecting a child to behave as an adult.[7] It can also include witnessing the abuse of others.

An understanding of emotional abuse will help us to understand the destructive dynamics of all forms of abuse as it is an element in all abuse. And psychological damage from emotional abuse or neglect can be just as devastating as damage from physical or sexual abuse.

Physical abuse can range from severe spanking or severe shaking, to arm twisting, to systematic beatings, to deliberately inflicted burns. It can result in bruising, lacerations, sprains, broken bones, permanent disability, brain injury and death.

Children who are sexually abused are sexually touched, penetrated with a variety of objects, forcibly raped, tortured, and used for pornographic purposes. Children are sometimes abused only once. More often they are abused repeatedly through periods of their childhood. Most often, the abuser is someone the child trusts. Abusers gain access to children by building and exploiting the trust of children.

Sexual abuse can be disguised as a game, as punishment, as sex education, as affection. Children are manipulated, coerced, threatened, confused, and humiliated into submitting to the abuse. Outright physical violence is sometimes, but not in the majority of cases, used in the abuse.

Abusers try to justify sexual abuse by trying to convince children that it is "normal" or "special"; by minimizing its seriousness or the physical effects; by convincing children that they will or do enjoy it; by holding children responsible for the abuse and blaming them for bringing it on themselves, or for not stopping it.

Many victims of child sexual abuse have needs which are not being met elsewhere and which make them particularly vulnerable to the abuse. Some abusers report being able to spot a needy child, in a family, in a neighbourhood, on a playground, and to target that child by befriending her and "grooming" her for abuse.

A child who witnessed the abuse of her mother also suffers the effects of that abuse. The effects on a child of witnessing wife assault are discussed in the Wife Assault chapter.

One mother told us her three-year-old said the abuse left her feeling "yucky inside" and she described herself as a "wrapped up dead person who can still move."

I felt very much inside myself, isolated, kind of in my own world. I felt scared a lot and constantly afraid that it would happen again and never knowing whether it would or not. I felt 'other' or different. I had a sense that something was wrong with me that couldn't be corrected.
– Woman quoted in *Recollecting Our Lives*

Some researchers have identified psychological maltreatment as the core component, the major destructive factor in all forms of child maltreatment.
– Brassard and Gelardo, "Psychological Maltreatment: The Unifying Construct in Child Abuse and Neglect."

The "Right" to Abuse

Many adults who abuse children believe they have a right to control the child and to use the child for their own purposes, even if that control and use involves pain, fear, and humiliation. The child is regarded as a form of property, subject to the ownership and control of adults. To a degree, society still legitimizes this attitude. It is no accident that Canadian criminal law still permits adults to discipline children by physical "assault"[8] or that it was only in 1989 that the United Nations produced the United Nations Convention on the Rights of the Child.

Much physical abuse is a case of parents or caregivers having "gone too far" along the continuum of authoritarianism or corporal punishment. These parents or caregivers may insist that they have a right to be violent with the child because the child "deserved it."

[There is] overwhelming evidence that [child sexual abusers] are fully aware of the process they employ . . . They report targeting children for victimization, systematically conditioning them to accept increasingly sexual physical contact and exploiting the children's needs in order to maintain them as available victims.
– Lucy Berliner and Jon R. Conte, "The Process of Victimization: The Victim's Perspective"

Breaking the Cycle of Abuse

There is evidence that abuse and neglect occur in an inter-generational cycle. People who are hurt and degraded may have an extreme need to exert control and have difficulty empathizing with others, which in turn facilitate abusive behaviour when they are in a position of control over others.

While those who have been abused are more likely than non-abused parents to abuse their own children, the majority of those who have been abused do not go on to become abusers. In a study by Kaufman & Zigler (1987), one third of those abused as children became abusive parents, while two-thirds did not.[9] This conceptual redefinition of the issue of inter-generational abuse has important implications for prevention and intervention. It is essential to discover and work with those factors that can make the difference between abusing and not abusing in future.

Also part of the cycle of physical and emotional abuse and neglect is the lack of positive parenting skills inherited by many of those who experienced an abusive relationship with their own parents or caregivers. Parenting skills include the ability to discipline non-violently, an appreciation of the rights of children, an attitude of respect and empathy for children, anger management and communication skills, and having normal developmental expectations of children. These skills and changes in attitude can be taught. However, to be effective over the long term, a parenting program must also aim to heal the damage previously done to the abuser and be accompanied by material support for the family, a factor which is discussed in detail below.

An element sometimes present in the cycle of physical and emotional abuse and neglect is the debilitating struggle of parents and caregivers with socio-economic stresses such as unemployment, poverty, poor housing, and inadequate nutrition. An individual whose basic needs are not met is simply undermined – materially and emotionally – in his or her ability to handle the needs and demands of children.

While the factors associated with abuse are complex, much of the research tells us that physical and emotional abuse and neglect are often found among those families which have had the hardest time in other ways - financially, socially, psychologically. This research should, however, be viewed with some caution as low-income people are disproportionately subject to surveillance and reporting by the social services system as compared with the middle and upper classes.[10]

Nevertheless, all indicators are that poverty causes a plethora of problems for children, not the least of which is to place them at higher risk for physical and emotional abuse and neglect.[11] The Task Force adds its voice to the many others who are calling for strong and immediate measures to eliminate child poverty in British Columbia.

I honestly don't think they mean to abuse their kids. They just don't have the skills, the emotional tools, and the support to withstand the incredible pressures under which they live. And many of us wouldn't.
– Fran Grunberg, Manager of Child Sexual Abuse Prevention Programs for the Vancouver School Board, to the Task Force

Effects on the Victims

Whether physical or emotional, the effects of abuse on children can be devastating.

Emotional damage, usually the most pervasive long-term effect of the abuse, is a part of both physical and sexual abuse of children. Common to victims of all types of child abuse are feelings of helplessness, anger, fear, isolation, guilt, confusion, anxiety, depression, self-hatred and hatred of their abuser. At the same time abused children may experience affection and a desperate desire to please the abusive parent or caregiver.

Children are confronted with two possible explanations of the abuse: either they are not deserving of love and kindness and are indeed bad and should be punished, or the parent or caregiver is not capable of love and kindness and is bad and unfairly punishing. Children cannot afford to blame the caregiver on whom they depend for survival. Almost universally they choose to blame themselves and strive to gain love and approval.[12]

Many victims of child sexual abuse experience feelings of guilt. This emotion is most common among those children who are sexually abused over a long period, who are abused at an older age, or who experienced some form of physical and/or emotional pleasure in the abusive experience. Those victims feel that they are bad and to blame because they "could have stopped it" or they "enjoyed it."

Somehow I was responsible if it was happening, my being a bad person, there being something wrong with me. I spaced right out of my body, made a split to deal with things in my head. It forced me into excelling at school. Not trusting my own feelings, not trusting of other people. Difficulties being intimate. Screaming rages. Chronic back and neck problems, voice and throat constrictions. Dissociating from what I'm feeling. A residue of rage . . .
– Woman quoted in
Recollecting Our Lives

Feelings of isolation are also common. Victims report feeling different, highly visible, frightened of friendships with peers. Many victims report that, in order to protect themselves and to endure the horror of the abuse, they dissociated themselves from their abuse experience. This dissociation, often experienced as leaving the body during the abusive episode, is a very effective coping mechanism for children forced to endure unendurable experiences. Carried over into other parts of their lives, it can become a barrier to normal relationships.

Sexually abused adolescents report feeling like "damaged goods," fearful that none of their peers will want to associate with them. Some report they fear that anyone they associate with will want to have sex with them.

Children's reactions to abuse can be turned inward, in the form of depression, poor self-esteem, loneliness, or guilt. Or they can be turned outward, into anger, aggression, self-destructive or anti-social behaviour or imitation of the abusive behaviour with their peers or with younger children. Sexualized behaviour directed at themselves, at other children, or at adults is also a common reaction to sexual abuse.

For most children who have been abused and no matter how they cope with the abuse, their ability to reach their potential is damaged by it.

Child Sexual Abuse Accomodation Syndrome

Not so long ago, disclosures of abuse were met with almost universal disbelief, protection of the alleged

[For those abused from infancy the sexual] abuse was simply a fact of life; it had begun so early in their lives that they had no other reality to draw on to resist or counter the abuse or even to recognize it as abuse.
– Recollecting Our Lives

. . . The first time I didn't think [the sexual abuse] was anything bad because he told me it wasn't. The second time I knew it was bad because I felt gross inside.
– Woman quoted in Lucy Berliner and Jon R. Conte, "The Process of Victimization: The Victim's Perspective"

Even if the child is carefully and affectionately seduced without pain or fear, the conspiracy of silence stigmatizes the relationship.
– Roland Summit, "Beyond Belief: The Reluctant Discovery of Incest"

abuser, and dismissal of the child's allegations as fantasy or vindictiveness. Over the past decade, the situation has improved significantly. Many more cases are reported, more children are believed, and more abusers are successfully prosecuted. However, most child sexual abuse is still not reported, usually because the children felt the incidents were too personal or too sensitive, or because they felt too ashamed.[13] The minority of cases that are reported are often met with mixed reaction – from the victim's family, the helping professionals, and the justice system. Denial, anger, and victim-blaming are still common.

When children do report abuse, we know that the response of those around them – from the mother, other family members, and the child protection and justice systems – is of crucial importance. If children are believed, supported, and reassured that they are not to blame, they have a better chance of recovering from the trauma than if the "abuse" is perpetuated by those around them through disbelief, blame, or lack of support.

Summit describes the process of adjustment and disclosure of the most typical child sexual abuse victims as the child sexual abuse accommodation syndrome. This syndrome includes **secrecy; helplessness; accommodation; delayed unconvincing disclosure**; and **retraction** of the complaint.[14]

Secrecy is a major component of the dynamics of sexual abuse. Burdened with guilt, shame, and fear of punishment, children rarely tell anyone about the abuse.

The **helplessness** of children emanates from their confusion and inability to make sense of what is happening to them, the authority of the abuser, and, if the sexual abuse has been quite "public" within the family or if there has been an unsuccessful attempt to disclose, by the seemingly uncaring attitudes of those around them.

The **accommodation** phase of the victimization indicates the processes by which the child takes responsibility for the abuse - "to exaggerate her own responsibility and eventually to despise herself for her weakness." [15]

Delayed, conflicted and unconvincing disclosure may occur as a result of conflict in the family, accidental discovery, or as a result of outreach activity by a government, educational, or community agency.[16] If the child is at a very early developmental stage, disclosure is often unclear and unconvincing. A child may think she has told the story about what is happening to her but it may not be understood by an adult listener.

Inadequately trained professionals and mothers caught between the credibility of child and husband may find it impossible to believe that a normal child would live with such abuse for so long and that a normal father could perpetrate such abuse.

Many professionals are as resistant as the victims to characterize offender behaviour as intentional exploitation.
– Lucy Berliner and Jon R. Conte, "The Process of Victimization: The Victim's Perspective"

While disbelief is common, studies indicate that the incidence of false allegations of child sexual abuse is much less than 10%.[17]

It is unfortunately still the case that mothers who introduce information about child sexual abuse in child custody disputes are often labeled hysterical, vindictive, and untruthful and are not believed. Lawyers are well aware that bringing forward allegations of sexual abuse in a custody matter can seriously damage a mother's chances of obtaining a custody order or lead to restrictions being placed on the order. As a result, a great deal of information about child sexual abuse known to mothers and other caregivers is suppressed in legal proceedings concerning custody.

A child may be under intense pressure from parents and other family members and burdened by guilt. **Retraction** of a disclosure is, therefore, commonplace. The likelihood of retraction increases in the absence of intense support and swift action on the part of the system to shift the responsibility away from the abused child onto the abuser. Retraction can cause disbelief even among professionals who understand the other aspects of the dynamics of child sexual abuse. Disbelief often results in the child remaining in the abusive situation.

Boys as Victims of Sexual Abuse

It is part of our popular mythology that males would "fight to the death" rather than be sexually victimized, and that, if victimized, they would not have a sexual response to the abuse.[18] While society has a great deal of empathy for very young male victims, it is generally intolerant of boys who are victimized later in childhood. Homophobic attitudes and a common misperception that male abusers of boys are homosexual and that male

In our society, it is particularly humiliating for a male child or adolescent to be sexually abused. Male victimization carries two stigmatizing dynamics: being a male victim and being sexually victimized.
– Francis J. Pescosolido, "Sexual Abuse of Boys by Males: Theoretical and Treatment Implications"

victims will be "tainted" by their abuse, also contribute to a negative societal attitude to the sexual victimization of boys.

Pescosolido (1989) categorizes the psychological impact of victimization on boys into ten issues: gender identity confusion, body imagery, intimacy impairment with males and females, depression, self-destructive manifestations, traumatic rage, aggression, hypervigilance towards males, and guilt.

While many of these reactions are similar to those of sexually abused female children, some additional or heightened reactions occur particularly with boys. A sexual response to the abuse is less deniable with boys and therefore potentially more painful and humiliating, and may lead to greater extremes of guilt. Additional common reactions are homophobia, avoidance of males because of fear of homosexuality or further abuse, and hypermasculine and over-aggressive relations to females or to the world in general. This aggressiveness is used to compensate for gender identity fear, to make himself feel "strong" and "in control", the way males are "supposed to be", and as an emotional defence against fear of further abuse.

It is important to point out that, boys' fears notwithstanding, the abuse of boys is almost always by heterosexual rather than homosexual males. As Pescosolido writes:

> "The term homosexual molestation reinforces the concept of homosexual drive as the cause for the offence, a gross misconception given well-established clinical knowledge of sexual offence dynamics . . . "[19]

The Non-abusing Parent

> "Contrary to popular myth, most mothers are not aware of ongoing sexual abuse. Marriage demands considerable blind trust and denial for survival. A woman does not commit her life and security to a man she believes capable of molesting his own children. That basic denial becomes pathological the more the woman herself has been victimized and the more she might feel helpless and worthless in the absence of a protective, accepting male.
> – **Roland Summit, "Beyond Belief: The Reluctant Discovery of Incest"**

While many mothers may truly not recognize that their children are being sexually abused, and may be supportive and protective of the child when they discover or are told about the abuse, many adult survivors report being disbelieved and unsupported by their mother. Some survivors report extreme denial on the part of their mothers when they are told about the abuse. This denial is often accompanied by anger, victim blaming, and punishment of the child.

Much has been written in the past ten years directed at parents, other caregivers, or educators of sexually abused children. This material reinforces the importance of believing the child and provides guidelines for how to respond in the most supportive and constructive way to a disclosure of abuse.

Enlightened mothers offer their [abused] children the most profound alliance for protection and recovery.
– Roland Summit, "Beyond Belief: The Reluctant Discovery of Incest"

Child abuse is often a factor in the breakup of families. The question of the contact which a child will have with an abusing caregiver after family breakup is in many cases up to the courts. The courts are generally very reluctant to order that a parent have absolutely no access to a child, and orders for supervised access are common. However, there is virtually no support in place for supervised access. The courts often specify that supervision is to be provided by another family member or trusted friend. This creates great stress on the non-abusing parent with custody of the child who must struggle with arranging supervised access on her own and suffer the anxiety that inadequate supervision might lead to repeated abuse. Indeed, the Task Force heard that abuse of children often continues during access visits, even when supervised.

The relentless strain of attempting to arrange safe and regular access visits with an abusing ex-spouse wears down the non-abusing parent and impairs her ability to care for already traumatized children.

The creation of custody and access centres providing supervision services and counselling support to families is an urgent necessity.

Women as Abusers

Both men and women are physically abusive and deliberately neglectful of their children.

All evidence points to the fact that at least 95% of sexual abusers are male. However, women are, occasionally, the primary sexual abuser of their children or an accomplice in abuse by a husband or boyfriend. Some victims report active collusion by their mothers in making them available to their father as sexual objects. One factor in this collusion may be that the woman has little power in relation to her husband and has been emotionally or physically coerced into colluding. She may also have been victimized by him, physically or sexually.

Corporal Punishment

Children are the only group of people in our society who can be legally "assaulted." Corporal punishment including striking or euphemistically, spanking, is allowed in the Criminal Code by parents or anyone acting in place of a parent. This Criminal Code section is included in Appendix 10.

Corporal punishment is motivated by a desire to control the child and is permitted by a society that tacitly condones other forms of violence as a way of controlling those who have little power to defend themselves.

There are many who feel that the physical punishment of children, which involves humiliation of the child and risks physical injury, is an early step on the continuum of child abuse.

2. Gaps and Obstacles in Legislation, Policies, Programs and Services

The 1989 United Nations Convention on the Rights of the Child identifies the family as the fundamental group of society and the natural environment for the growth and well-being of children. However, when the family is unable or unwilling to fulfill this role, government has a responsibility to assist.
- Ombudsman, *Public Services to Children, Youth and Their Families in British Columbia*

A number of significant reports have been produced over the past couple of years that have direct relevance to laws, policies, programs and services concerning child abuse in British Columbia. These include the federal Rix Rogers Report *Reaching For Solutions;* the Provincial Ombudsman's Report, *Public Services to Children, Youth and their Families in British Columbia;* the Ministry of Health report, *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia, 1985-1989;* and *Children and Youth at Risk: Towards a Mental Health Plan for Metropolitan Vancouver.* Relevant recommendations from the Ombudsman's Report and from Rix Rogers' Report are included in Appendix 15.

The Task Force acknowledges and defers to these reports already produced in British Columbia and in Canada with respect to child abuse. Most of the recommendations of these reports have not been implemented. No purpose would be served by the Task Force duplicating the very considerable effort and expertise devoted to these reports.

The issues in today's system relate to funding coordination, and consumer and community participation.
– Children and Youth at Risk: Towards a Mental Health Plan for Metropolitan Vancouver

Legislation, Policy and Inter-disciplinary Protocols

Provincial government ministries are currently engaged in a comprehensive review of major legislation affecting children and families in British Columbia, including the Family and Child Services Act, the Mental Health Act, and the Community Care Facility Act. This legislative review, combined with heightened public and professional awareness and understanding of the issues of child abuse, provides a unique opportunity for ministries and other levels of government to work with the community and professional bodies to develop comprehensive and coordinated laws, services, and programs to protect children. This opportunity must be embraced.

The Family and Child Services Act administered by the Ministry of Social Services is the major piece of provincial legislation governing the protection of children. Its revision is due for completion in 1993. A government-community committee is currently reviewing the Act. The Task Force applauds the Ministry of Social Services for initiating this consultative process.

See Appendix 16 for a list of current initiatives in the Ministry of Social Services.

The *Inter-Ministry Child Abuse Handbook* is the primary document governing inter-ministry response to child abuse in British Columbia. Originally produced in 1979, it has undergone two major revisions - one in 1985 and a second in 1988. A modest revision is underway to bring the *Handbook* up to date with current policy and practice. A substantial revision is planned for 1993, following the revision of the Family and Child Services Act and other crucial pieces of Ministry of Social Services legislation and policy.

The *Inter-Ministry Child Abuse Handbook* contains generic protocols for the investigation of child abuse allegations. In addition, the inter-ministerial *Protocols for the Provision of Support Services to Schools* was developed in 1989 to establish a framework for inter-ministerial cooperation in the delivery of support services to students and schools.

While existing protocols and guidelines contain valuable instructions for an inter-ministerial approach to child abuse, the Task Force has been told that these guidelines are not always implemented, accountability often is not apparent, and the problem is frequently not one only of coordination but of a lack of services.

The Task Force has also heard that, in the past, the Ministry of Social Services has not always consulted with experts in the community in the development of major legislation and policy concerning children, or has consulted too late in the process for the consultation to be meaningful. It is the hope of the Task Force that, during this period of significant change within the child protection areas in the Ministry, a more open dialogue can be established between the Ministry of Social Services and the community. This dialogue should include front-line community workers and parents.

The recently published report of the Ministry of Health Child and Youth Mental Health Services, *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia, 1985-1989*, contains guidelines for developing inter-agency protocols to respond to high profile multi-victim abuse cases at the local level, building on the generic protocol in the *Inter-Ministry Child Abuse Handbook.* This report was based on an inter-ministerial research project involving considerable consultation with the targeted communities.

A second report will result from an extensive review by community agencies, particularly those participating in Child and Youth Committees, in early 1992. Subsequent work to be done by this project will further develop the protocols for a local coordinated response to high-profile multi-victim sexual abuse cases.

The lack of any protocol concerning inter-ministerial or inter-agency responses to a situation where a child is witnessing wife assault is a serious policy gap. Guidelines developed in London, Ontario should be reviewed when a protocol for dealing with children witnessing parental abuse is drafted in British Columbia. This issue is discussed in greater detail in the Wife Assault chapter.

It is hoped that the findings and recommendations of all the current reports on child abuse in British Columbia and in Canada will be the subject of a comprehensive and coordinated response by the Ministries of Social Services, Health, Attorney General, and Education to child abuse in this province. This response should include not only the current and planned revisions to legislation, policy and standards concerning child abuse, but a detailed response to these reports themselves.

Another piece of legislation that has direct relevance for child abuse is section 43 of the Criminal Code, which allows corporal punishment of children by parents or those in loco parentis, including teachers. British Columbia is the only province that has outlawed corporal punishment in all public schools. However, protocols do not exist specifically to guide district staff in responding to reported cases of corporal punishment in the schools. The Task Force is aware that corporal punishment sometimes does occur in schools without an appropriate response to either the child or the staff person involved. According to the Schools Act, responsibility to develop protocols to guide the response of staff to such situations rests with the school district.

The number one issue that is perceived as being a priority in every area of the province is therapy for children who are victims of sexual assault or physical assault, or who are observers of family violence.
– **Canadian Mental Health Association, submission to the Task Force**

Several organizations in Canada and British Columbia have taken public positions that oppose corporal punishment of children and advocate the repeal of section 43 of the Criminal Code which permits it. The Task Force agrees with the positions of the Canadian Council on Children and Youth, the Society for the Family – Vancouver, and the British Columbia Council for the Family in opposing section 43 of the Criminal Code, on the grounds that it is inconsistent with the spirit of the United Nations Convention on the Rights of the Child and the Canadian Charter of Rights and Freedoms and is a legalization of violence against children.

Programs and Services

While the Ministry of Social Services is the lead ministry in providing protection to children, services to child abuse victims are also provided by the Ministries of Attorney General, Health, and Education.

Inter-ministerial

Sexual Abuse Interventions Project

Mental Health, Child and Youth Services, in conjunction with other ministries with responsibilities to respond to child sexual abuse, established the Sexual Abuse Interventions Project which contracts with community agencies to provide services for child victims of sexual abuse. All projects are directed to services for children and youth. Priority has been given to rural and remote areas and target groups include aboriginal and disabled children and youth.

The Task Force applauds the inter-ministerial nature of the planning and funding for this initiative. However, funding constraints plague this initiative as they do other family and sexual violence initiatives and result in inadequate funding for individual projects. For example, projects are funded for direct service delivery only, with no funding included for overhead. This often places community agencies in an untenable financial position.

Ombudsman's Report on Public Services to Children, Youth and their Families

In 1990 the Ombudsman published *Public Services to Children, Youth and Their Families in British Columbia.* This document reports on a three-year effort to research and document the concerns of the Ombudsman's office based on ten years of complaints. Although the major investigation focused on a residential facility and much of the report concerns residential facilities for children in care, the report is also highly relevant to situations of child abuse and neglect. (See Appendix 15 for the recommendations concerning child abuse.)

In response to the Ombudsman's position that the area of services for children and youth requires the "full-time attention of a single authority within government to provide informed and authoritative policy and planning leadership" (p. 5), the government agreed to establish a Child and Youth Secretariat.

> ***. . . More effective provincial integrating and accountability mechanisms are required in this highly complex public service sector.***
> **– Ombudsman, *Public Services to Children, Youth and Their Families in British Columbia***

Child and Youth Secretariat

The Child and Youth Secretariat was established in 1990 to respond to pressing concerns about delivery of services to children and youth. The mandate of the Secretariat is to ensure effective provincial coordination of those services, to complement inter-ministry policy, protocol and program initiatives and to review issues and recommendations arising from the Ombudsman's Report. See Appendix 18 for a description of the structure and mandate of the Secretariat.

The child-serving community and the Task Force welcomes this new initiative. However, the Task Force has heard concern expressed that the mandate and the budget of the Secretariat are too limited. This concern has been echoed in the report, *Children and Youth at Risk: Towards a Mental Health Plan for Metropolitan Vancouver.* The Secretariat is focusing only on a limited number of the Ombudsman's recommendations, and not specifically on child abuse or on the implementation of recommendations in other reports, such as Rix Rogers' Report, *Reaching for Solutions.*

Don't give me any more philosophy, give me resources. Don't give me a secretariat, give me social workers.
– Fran Grunberg, Manager of Child Sexual Abuse Prevention Programs for the Vancouver School Board, to the Task Force

It appears that the resources and the authority assigned to the Secretariat are insufficient not only to implement the recommendations of the Ombudsman's Report within the suggested time-frame and with the appropriate consultation with front-line workers, but perhaps to implement them at all.

We have a very effective child and youth committee (CYC) operating here in Nelson. All ministries as well as some local agencies problem-solve together our toughest cases.
– Nelson School District, submission to the Task Force

Child and Youth Committees or CYCs (formerly Inter-ministry Children's Committees or IMCCs) have been encouraged and reactivated by the Secretariat. Their mandate is to take a case management approach to ensure a coordinated response to a particular child or situation. These committees work well in some communities. Unfortunately, the Task Force has also heard complaints that CYCs have little power to act, as they have virtually no budget and no staff. Like the IMCCs, they are constrained by lack of resources and lack of accountability. In addition, they do not always include community-based organizations working in the family violence area.

Coordination

With some notable exceptions, there appears to be a lack of coordination of services everywhere. Comments on lack of coordination made in submissions to this Task Force were remarkably similar to those made in 1979 to the United Way Task Force on Family Violence. Other current reports reflect the same need.

Social services work well with police in our area on joint investigations involving sexual abuse and family violence.
– Clearbrook-Matsqui Police Department, submission to the Task Force

present encouraging examples of a coordinated case management approach to child abuse.

> "Some coordination exists at the school level . . . however, it is difficult to get all the workers from various agencies together because of lack of budgeted time, lack of identified priorities in this regard . . . or because of perceived criticism from other agencies. Some institutions and organizations . . . don't work at all with consumer, community-based or non-governmental agencies, failing to recognize the value of this kind of community action and lacking the framework for such interactions."
> – From Vancouver Health Department, submission to the Task Force

There seems to be some kind of communication gap between the social workers, the recreation workers, and the law. (Thunderbird Centre, Vancouver)
– Quoted in the *United Way Task Force on Family Violence Report, 1979*

In any event, in the child abuse area as in other areas of family and sexual violence, the Task Force was told that "you can't coordinate services that aren't out there."

The Social Planning and Research Council of B.C. (SPARC) and the Society for Children and Youth of B.C. (SCY) will report and make policy recommendations in early 1992 on their examination and mapping of inter-agency coordination and "networking" in response to child sexual abuse in Vancouver, Duncan, and Vernon.

Ministry of Social Services

Uncoordinated services result in a scattering and dilution of efforts and a less-than satisfactory outcome. There is a crying need for a fixed point of responsibility for case management, planning, standards, evaluation, research, education, funding, and allocation and reallocation of resources.
– Children and Youth at Risk: Towards a Mental Health Plan for Metropolitan Vancouver

In July 1991, the Task Force recommended to the Ministry of Social Services that a coordinated, inter-ministry response to child abuse be made a priority of the government and proposed that the priority be demonstrated by a direction to the appropriate ministries to develop a response to the *Reaching for Solutions* Report and to the Ombudsman's Report. A reply was received in January 1992, detailing initiatives already underway in the ministry, including the *Inter-Ministry Child Abuse Handbook* revisions, the Sexual Abuse Interventions Program and the Child and Youth Secretariat.

The Ministry of Social Services has a legislated responsibility to investigate reports that a child may be in need of protection and to take necessary action to ensure a child's safety and well-being. The Ministry also has an obligation to provide services to children in care. Services may include those provided by Ministry social workers and those provided by agencies under contract to the Ministry.

The Ministry's policy respecting intervention is to strive to be supportive of families and not to be excessively intrusive. While this philosophy is laudable, the Task Force has been told that this approach is not working because of lack of resources. This approach will work only if adequate resources are available for early intervention and for ongoing support after a crisis.

Overhaul Ministry of Social Services completely.
– Nelson Advocacy Centre, submission to the Task Force

The Task Force has heard that the Ministry is currently capable of responding only to crisis situations. Respondents told the Task Force that Ministry responses can range from being overly intrusive and judgmental to failing to act on significant signs of abuse. The Ministry is also criticized for not adequately funding the necessary follow-up services for abused children and for immediate and on-going family support. Existing services are reported to be overloaded, with waiting lists that are long and sometimes even closed.

Over ten years the number of Ministry child protection social workers has decreased from approximately 300 to fewer than 100. The small number of child protection workers serving large high risk areas is alarmingly inadequate. Specialized child abuse teams that used to operate in the Lower Mainland no longer exist. The Ministry no longer employs any specially-trained workers focusing specifically on child abuse.

The Task Force was told that social workers in the Ministry of Social Services are frustrated. They do not have the resources to enable them to respond effectively. There is not an adequate case management model within which they are trained and encouraged to work. They are not trained in early intervention or ongoing support.

What is sorely needed is a coordinated case management approach which includes identification of families at risk, early intervention, counselling, and treatment in both abuse and high risk situations. Currently, the Ministry does not even have the capability of identifying high risk families.

These services are expensive. But the price of child abuse simply goes up the longer the damage goes unheeded and unhealed. Those caught in the cycle of abuse continue to cost the system money until the cycle is brought to a close. The cost of a compassionate,

Explore the possibility of jointly funded services which can provide family treatment with a more broad mandate. There must be services available to intervene before family disintegration occurs and/or family violence becomes so serious that it is too late.
– Quesnel Mental Health Centre, submission to the Task Force

comprehensive, and coordinated response today is modest in comparison to the future cost of social services, health care, income supports, special education, corrections, and court services for those whose needs are not met now.

In addition to the above concerns, the responsibility of the Ministry to investigate certain complaints of child abuse is unclear. Whether or not the Ministry will respond to a particular complaint of child abuse by a non-family member, depends on where the abuse is alleged to have taken place. In some locales, the Ministry takes the position that non-family abuse is a police matter and will not act; in others, it will respond to the abuse as a child protection matter. Where the Ministry does not act, there is no one to ensure that the family is adequately supporting the child or to ensure the child's protection within the family.

With regard to abuse complaints in the schools the situation is similarly unclear. The Ministry may respond or it may say the matter is for the school itself or for the police to act on. The end result is delay and increased jeopardy for abused children.

Services for difficult to place children are especially lacking, as are, very often, foster homes within a child's own community. A child who has been removed from her home for her own protection to a home or a facility far away from friends, school, and other family members suffers trauma that is in addition to the abuse itself. This has been particularly true regarding aboriginal children removed not only from their families, but also from their community and their own people.

Extend the mandate, involvement and ROLE of Ministry of Social Services social workers so the focus is not just on the most serious cases and "let's close off as quickly as possible"; but to include responsible case-management for investigation/support/"prevention"/treatment, etc. as needed.
– Vancouver Incest and Sexual Abuse Centre, submission to the Task Force

There are now four Child and Family Service agreements between Tribal Councils or Bands and the Ministry which transfer, in various forms, responsibility for family support and child welfare services. See also Appendix 22.

The distribution of services should take account of the different degree of need among communities. For example, the Task Force was told that the West Side of Vancouver needs fewer services than the Downtown Eastside. Rural and isolated areas, although sparsely populated, have a high need for expanded Ministry and contracted services because their current level of services is low and the need is high.

We work reasonably well together, but there is a tendency for the [Ministry of Social Services] to work in isolation and to change procedures without consultation.
– Abbotsford School District, submission to the Task Force

In summary, while the dedication and good work of many social workers is praised, criticism is still voiced by child-serving agencies and professionals about the Ministry of Social Services in terms of lack of services for abused children, lack of accountability, a mandate focusing more and more narrowly on child protection, and a lack of meaningful consultation with the community, including front-line workers.

It is crucial that there be a process over the next three years of careful review, planning, development, and implementation in response to current reports and in collaboration with the users of the system and with community-based service providers.

Ministry of Health

For school counsellors the frustration has mainly been due to lack of, or incomplete follow-up to referrals made, (e.g., school counsellors frequently end up being the only source of "professional help" for students after attempted suicide – the underlying reason for the attempt often being family violence or previous sexual assaults.
– Vernon School District, submission to the Task Force

As with other victims of family and sexual violence, most child victims are not considered priorities for services provided by Mental Health Centres because they are not seriously psychiatrically disturbed. If their reactions are "within the range of normal reactions to an abusive experience," they will not generally be high priorities for service, simply because the Centres have insufficient resources to deal with everyone who requests service, and must follow the priorities which are clearly set out for them in their mandate. Waiting lists at most Mental Health Centres are long.

Mental Health Centres do not have a mandate to deal with victims on a preventive basis. The Centres also do not treat children who abuse other children. In fact, there is no treatment available outside the Lower Mainland for child sex offenders under the age of 12 years.[20] For child sex offenders who are 12 or over, treatment is available only for those caught up in the criminal justice system.

The Ministry of Health funds groups in B.C. to offer the *Nobody's Perfect Parenting Program.* See Appendix 9 for a description of the program.

The Ministry of Health has also provided funds for *Let's Talk About Touching,* a pre-school child sexual abuse prevention program used in day-care centres and pre-schools across the province as well as in some kindergarten programs. See Appendix 17.

Ministry of Attorney General

Participation in the criminal justice system can be a very difficult experience for any adult. For a child, already traumatized by abuse and having to participate in a system designed for adults, the experience can be devastating.

The Ministry of Attorney General has undertaken a number of initiatives to alleviate some of these difficulties. These include: the child sexual abuse policy contained in the *Inter-Ministry Child Abuse Handbook*, which are guidelines for a coordinated justice system approach to child abuse; the establishment of justice system support workers through the victim assistance program; the production of a handbook for people working with child abuse victims; and some training of police, Crown counsel and, most recently, judges.[21]

The Ministry of Attorney General has collaborated on, or is working on several inter-agency projects to produce educational and training materials for people involved in child sexual abuse prosecutions. These include the Child Witness Court Preparation Project and an inter-ministry child abuse investigator training package. See Appendix 8.

Criminal Code changes made in 1988 have introduced the potential to make the prosecution of child sexual abuse cases considerably less traumatic for children. However, it is questionable whether these provisions (for example, the use of a screen in a courtroom to shield the child from having to view the alleged offender) are being used as often or as effectively as they could be. Research is currently being done by the federal Department of Justice, with input from British Columbia, into the use and effectiveness of this legislation. These Criminal Code provisions are included in Appendix 10.

> "Some . . . argue that the adversarial legal system can never be made responsive to the needs of children and should be abandoned. They point to the inherent conflicts between the need of the Crown . . . to use the child as a key witness, and the child's own needs [and] . . . to the inevitable tension between . . . the rights of the accused and the interests of the child. These concerns are legitimate . . . However, I am of the view that, even without such fundamental change, the legal

system has an important role to play in combating child sexual abuse and cannot be abandoned."
– *Reaching For Solutions*

Somehow the justice system has to respond faster. Some of our cases have gone into the third year. This is devastating for a family.
– Vernon Victims Assistance, submission to the Task Force

But cases still take months or even years to get through the justice system. Children are still being traumatized by defence lawyers and Crown counsel may have received insufficient training to be adequately sensitive to the needs of the child in the court process, in both direct and cross examination. Child victims are still held responsible for their abuse by being called "seductive." Offenders are still excused because they were under the influence of alcohol or are now elderly and sentences often do not reflect the severity of the offence.

Knowledge about child abuse and child sexual abuse in particular is growing all the time. In order for cases to be competently investigated and prosecuted, police and Crown counsel must have a sophisticated and specialized understanding of the field. The only way to ensure this is to train specialized police and Crown counsel in the area and ensure that child abuse cases are investigated and prosecuted by these specially trained staff.

Sentences need to be stronger!!! Probation is not a satisfactory punishment for those who violently abuse family members. It amounts to saying that was naughty, we'll punish you next time! The abuse that happens in families today and goes unpunished sets the model for the next generation to do the same.
– Powell River RCMP Victim/Witness Program, submission to the Task Force

The Ministry of Attorney General funds the victim assistance program to provide information, support, court accompaniment, and referral to victims of child sexual abuse who may be going through the justice system. (see Appendix 6 for a description of these services). While this program has been welcomed in communities, some of which had been unable to provide any support to victims prior to this program, its limitations cause frustration among workers, victims, and their non-abusing family members. The program is under-funded, resulting in over-worked and often poorly paid staff who sometimes do not have the necessary experience and training to deal with complex cases of child sexual abuse.

Victim assistance programs are not funded to provide counselling, and staff are often not qualified counsellors. Unfortunately, it is usually ongoing counselling that is most needed by these children.

Ministry of Education

The Ministry of Education has recently completed a new comprehensive health education curriculum, *Learning For*

Living, which was developed in consultation with teachers, government, and the community. The B.C. Teachers Federation has been contracted by the Ministry of Education to develop training opportunities for the new curriculum. Presently, the curriculum does not adequately cover issues of family and sexual violence and is not a substitute for a specifically focused child sexual abuse prevention program.

Child sexual abuse prevention is mandated in public schools by the Ministry of Education at the primary and early intermediate levels through the *Learning for Living Curriculum Guide.* This guide must be supplemented by child sexual abuse prevention programs which exist at all grade levels from primary through to graduation. The Ministry has reviewed and recommended a number of prevention programs, which are described in Appendix 17. The choice of program is at the discretion of local districts and funding has been made available by the Ministry to the school districts for purchase of materials.

The Task Force understands that it is the intention of the Ministry to mandate sexual abuse prevention at the intermediate level. The Task Force supports the Ministry in this plan and urges that this be done as soon as possible.

The Vancouver School Board is the only board in the province that employs full-time staff specifically to provide child sexual abuse prevention services. Two people staff this program, design the program, train the teachers, and present a program introduction to the parents.

It must be recognized that teaching about child sexual abuse inevitably results in disclosures of abuse. Both teachers and students can be profoundly affected by this material. This is emphatically not a reason not to teach about child sexual abuse but it underlines the need for response protocols to be in place and for support and counselling services to be available in coordination with prevention programs.

Responses to Abuse by Persons in Positions of Authority

Parents and family members are not, of course, the only people who abuse children. Children under the care and control of, for example, teachers, early childhood educators, church leaders, youth workers, sports and recreation workers, or staff in residential facilities are at risk of being abused.

The government, the professions, school boards, and community agencies have, in recent years, taken significant steps to protect children from this risk. All government employees applying to work in positions of trust with children are now subject to a criminal background checks, as are teachers. Guidelines are also in place to protect the rights and privacy of those applying for such positions. New Criminal Code provisions have also increased protections for children.

Guidelines aimed at preventing child abuse as well as protecting staff from false allegations have been developed by the B.C. Teachers Federation, the Corrections Branch, the Early Childhood Educators of B.C., Big Brothers Association of B.C., and others.

Two 1986 reports on child abuse in the schools followed the public and professional shock and outrage at the Noyes case which revealed that a teacher had abused children over many years, moving from school to school and district to district.[22] Awareness was raised by these reports, some teacher education materials were produced, some administrative safeguards were introduced, and sexual abuse prevention is now mandated for many school children. However, many of the reports' recommendations were never implemented.

The federal government funded the Canadian Council on Children and Youth to produce a program called *Put the Child First* which provides information and guidelines for community agency staff and volunteers working with children primarily in a recreational capacity. Directed at protecting children from sexual abuse, it also provides guidance for workers in responding to disclosures. The B.C. Society for Children and Youth has developed a strategic implementation plan for the program which is awaiting federal funding.

ENDNOTES

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[21] Ministry of Attorney General, Child Sexual Abuse Victim Support Worker Handbook.

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VI. Adult Survivors of Childhood Sexual Abuse

1. Dimensions of the Problem

"It's like a part of you has been taken away and you never get it back. There is irreparable damage done to your soul. I try desperately hard to be whole. I'm missing pieces."
– Adult survivor, in *Recollecting Our Lives*

"People have said to me, 'Why are you dragging this up now?' Why? Because it has controlled every facet of my life. It has damaged me in every possible way. It has destroyed everything in my life that has been of value. It has prevented me from living a comfortable emotional life. It's prevented me from being able to love clearly. It took my children away from me. I haven't been able to succeed in the world . . . I don't care if it happened 500 years ago. It's influenced me all that time, and it does matter. It matters very much."
– 47-year-old survivor, in *The Courage to Heal*

Introduction

Childhood sexual abuse can shatter the survivor's life. For adult survivors who are living with past trauma, "their sense of themselves is in small, sharp splinters."[7] The long-term effects of childhood sexual abuse are pervasive and insidious.

Adult survivors may have difficulties with expressing feelings, difficulties with relationships, and with work, problems around sexuality, negative feelings about their body, and problems parenting their children.

They can develop eating disorders and substance addictions. They can develop stress-related ailments ranging from migraines to personality disorders.

Very often, the survivor does not even consciously know what it is that is causing so much pain and inability to function. Survivors who are aware of their past abuse frequently have told no one about it, feeling it is something they have to hold secret, or deal with by themselves.

Incidence

The current figures for child abuse provide a sense of the large numbers of adult survivors.

- *It is estimated that as many as 35% of all women have been sexually abused as children.*[1] *Applying this percentage to the population of British Columbia, approximately 300,000 women were sexually abused as children.*
- *At some time during their lives, one in three males have been victims of unwanted sexual acts. About four in five of these incidents first happened when the survivors were children or youths.*[2]
- *One B.C. study found that*
  - *approximately 91% of adult and teenage rape victims were sexually abused as children.*[3]
  - 85.6% of the mothers of child sexual abuse victims had been sexually abused themselves as children.[4]
- *A Seattle study of teenage prostitutes found that 98% of them were survivors of childhood sexual assault.*[5]
- *Sexual abuse within the family unit generally occurs for two to three generations before disclosure, and the victim will generally remain silent for an average of 5 to 10 years before disclosure.*[6]

It is only in recent years that adult survivors of childhood sexual abuse have had their experiences validated, and that research and education about the psychological damage of childhood abuse has begun.

The result is that more and more British Columbians are now coming forward to look for the help they need in dealing with the long-term effects of being sexually abused as children. The majority of the survivors who are coming forward are women. But many are men.

Our communities are simply unable to cope. Across Canada, from coast to coast, there are long waiting lists of adult survivors seeking help. Presenters to the Task Force estimated that adult survivors of childhood sexual abuse had an average waiting period of between 8 to 16 months before they could obtain counselling services, if they could obtain these services at all.

To use one example, in 1989 the waiting list for this type of service at the Victoria Women's Sexual Assault Centre alone was approximately 50 women. Now, two years later, the Centre has a waiting list of over 300. The list grows weekly.

Adult survivors speak of fear, powerlessness, loneliness, depression, sadness, guilt, shame and anger.

I kept getting flashbacks when I was being sexual and I'd shut down. I'd go numb and leave my body. When I was with men I was numb all the time. Nobody ever noticed.

The abuse made me feel real dirty, and bad, and . . . trashy . . .

I was never equipped. I was never taught how to have relationships or relate even. Everything relationships were, I didn't want . . . I had to tumble through things in complete isolation.
– Adult survivors, in *Recollecting Our Lives*

Definition

An adult survivor of childhood sexual abuse was sexually exploited as a child by an adult or an older child (a male in the vast majority of reported cases). The survivor may be either a woman or a man. The exploitation could have taken many forms, such as manual, oral, or genital sexual contact (e.g., touching, fondling, kissing and rubbing), sexual intercourse, exposure of genitals, or any form of nudity that was sexually motivated.[8]

The Dynamics of Surviving Childhood Sexual Abuse

The consequences of sexual abuse are far-reaching, interconnected and cumulative. They cast a long shadow across the survivor's life.

The extent of the trauma depends upon the relationship between the abuser and the survivor, how old the survivor was at the time the abuse began, how long it continued, the kinds of sexual abuse that occurred, the degree of physical abuse that took place, whether or not siblings were also abused, and whether or not the survivor disclosed as a child and how that was handled.

Childhood sexual abuse carries a profound message about the nature of unequal power relationships in society. This message is exacerbated by the emotional bonds the survivor often has with the abuser, because in the vast majority of childhood sexual abuse cases, the abuser was someone known to the child.

The abuser may have been a parent, or a sibling, or a person in a position of authority and trust, such as a member of the clergy, a teacher or babysitter. Typically, the abuser was older, and had power over the survivor at the time of the abuse.

Abuse is often inter-generational. It is not unusual to discover that all members of the family have been affected by childhood sexual abuse. One or both parents of a sexually abused child may be victims of childhood sexual abuse. An overwhelming percentage of families who are involved with the Ministry of Social Services for current reporting of sexual abuse of their children were themselves sexually abused as children.

Understanding the Stages of Abuse

Age three to ten is blank, and my dad is snow; like TV snow. Seven to ten I remember school, not at home.
– Adult survivor, in *Recollecting Our Lives*

The complex experiences of adult survivors can be briefly summarized in a conceptual framework called the survivor's cycle.[13] There are five separate phases to the cycle: confusion, self-estrangement, the development of survival skills, entrapment, and negative sense of self. The initial cycle relates to the childhood sexual abuse; subsequent abuse may bring the survivor into the cycle again.

◆ *In one study 77% of the survivors abused alcohol; 71% abused drugs.*[9]

◆ *A study of women treated for chemical dependency at Aurora House in Vancouver found that 86% of the women reported childhood sexual abuse.*[10]

1. Confusion. A survivor who was sexually abused experiences confusion about physical and emotional boundaries, about authority, about trust relations, about personal competency, even about what is real. This confusion is profound and causes serious internal conflict; it leads to the next phase of the cycle, self-estrangement.

2. Self-estrangement. The survivor's reality doesn't match other people's reality. Survivors try to adjust to other people's reality by repressing or overriding their own thoughts and feelings. They feel that they are not normal, that their feelings don't count, that nobody cares how they feel, that they are always wrong.

3. Coping skills. Separated from their feelings, and still in conflict, survivors are forced to develop coping skills as they try, consciously or unconsciously, to cope with the trauma.

Survivors of childhood sexual abuse may have complex coping skills which were effective in dealing with the childhood trauma but are ineffective in adult life. For example, "out of body" dissociation helps a child sexual abuse survivor cope, but interferes with adult sexual response.

Often one coping skill will have both healthy and destructive aspects (such as always having to be a straight "A" student, or a "people pleaser," or a superior athlete). Some of these coping skills work for a time, then they need to be replaced by others. But even the positive survival skills camouflage feelings and disguise the real pain. They can alienate survivors from who they really are.

◆ *A 1989 study by the Addiction Research Foundation of Ontario found that women who were adult survivors of childhood sexual abuse were three times more likely than non-abused women to use medication to calm them, and twice as likely to use drugs to help them sleep.*[11]

◆ *A brief prepared for the Ontario Select Committee on Education reported that in a study of adult patients sexually abused as children, 22% had multiple personalities, 58% were non-sexual and 84% had attempted suicide.*[12]

4. Entrapment. Adult survivors have been trapped by the abuser, and by their attempts to deal with the abuse. They were initially trapped by the secrecy that the abuser demanded, and then by their complicity in the secret. Most often the abuse was not a one-time occurrence. It happened over and over again, and they were unable to stop it.

Survivors may have disclosed the abuse and not been believed. Their attempts at disclosure may have been met with denial, and trivialization of the abuse. They may have had their feelings of guilt and shame reinforced.

Years of silence . . . I learn to live in a world where nothing is as it seems. Nothing is as I thought it ought to be. Silence. Fear. It is hopeless. A loathing of self without reason. Every year brings more self hate. There is something wrong with me. Everyone tells me. The world is not how you imagine it to be. You've imagined everything. Your pain is imaginary. You are crazy.
– Elly Danica, *Don't: a woman's word*

5. Negative Sense of Self. The lies and distortion and secrecy inherent in the abuse deny survivors a positive sense of who they are. The adult survivors' feelings of low self-esteem may lead them to believe that they do not deserve to have anything good happen to them. This makes them vulnerable to continued victimization.

And so the cycle can begin again.

Dynamics of Revictimization

Because childhood sexual abuse results in damage to self-esteem and one's ability to cope with adult life and relationships, the adult survivor is at greater risk for substance abuse. Chronic abuse of substances further undermines self-esteem, and prevents recovery from past

Assumptions must not be made about [adult survivors'] emotional state and they must be accorded the right to be in charge of their own development. For instance, it is unjust to assume that a victim of sexual abuse will become an offender.
– Rix Rogers, *Reaching for Solutions*

trauma. The survivor may become trapped in the negative cycle of addiction – the dependence on substances to ease the pain of living.

Adult survivors of childhood sexual abuse may be vulnerable to revictimization in various forms because of their self-blame and low self-esteem. This does not mean that they enjoy abuse or cause the repetition of patterns of abuse.

For example, adult survivors may be revictimized by chemical dependent or abusive partners. A counselling approach which labels these survivors as "co-dependent" however, may imply that the survivor wants or needs victimization and possibly shares responsibility for the addiction or abuse. See the Wife Assault chapter for a more detailed discussion of "co-dependency."

Lesbians as Adult Survivors

Lesbian survivors of childhood sexual abuse most often confront homophobia when they deal with the effects of the abuse. A typical homophobic response suggests that women become lesbians because they have been abused by men. This response, which stems from a belief that heterosexuality is inherently superior, infers that being a lesbian is another negative effect of the abuse.

For many lesbian survivors, being a lesbian becomes the second secret they've had to keep. The feelings of isolation and fears of exposure may feel very close to the feelings and fears they had when they were being abused. Lesbian survivors may face additional difficulties in feeling comfortable with their lesbian sexuality because the abuse has made sex a negative experience.

Men as Victims

A "real man" is not supposed to be a victim; he is supposed to be able to take care of himself in every situation. Male survivors may see themselves through the lens of these culturally determined stereotypes, and may feel that they have failed as men.

Having internalized the idea that victims are less than real men, male survivors may believe they must conceal the abuse in order to avoid being ridiculed and shunned. The male stereotype of dealing with problems "like a man" further suggests that men who have been victimized should not express their feelings of fear and confusion.

Eleonor Rosenzeig . . . runs a therapy group for adult men who suffered violent sexual abuse as children . . . she found "an incredible amount of anger and rage . . . a homicidal rage, a murderous rage, and anger that just wants to shake people up and say, 'Can't you see that I've been hurt?' "
– Globe and Mail, December 4, 1991

Men are supposed to be in control of their feelings at all times. The survivor's ongoing feelings of confusion, frustration, anger and fear can become further evidence of his failings as a man.

Since men are 'not supposed to be victims,' abuse (and particularly sexual abuse) becomes a process of demasculinization . . . if men aren't to be victims, (the equation reads) then victims aren't men.
– Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse

Given the current homophobic attitudes in our dominant culture, male survivors may experience the sexual abuse as particularly humiliating if it was perpetrated by a man.[14]

All of this is particularly challenging for a gay man who is an adult survivor. A homophobic culture tells him he is not a real man because of his sexual orientation; sex-role stereotypes likewise tell him he is not a real man because he has been a victim.

If the abuser was a woman, the male survivor has to deal with popular social mythology that cloaks the sexual abuse of a young boy by a woman as "sexual adventure."

Struggling to Find the Lost Pieces of Their Lives

Survivors must often struggle to find the lost pieces of their lives. They also have to search back to the source of shame and guilt, understand the abuser's tricks and manipulations, and come to the understanding that it was not their fault. Then they have to sort out which coping mechanisms they need to change in order to live a healthy life.

It is not surprising that many adult survivors seek help from therapists, counsellors and support groups. As part of this healing process, some also report the abuser to the justice system.

Community-wide Multi-victim Sexual Abuse

There are very few cases of child sexual abuse that are not multiple crimes. Sometimes the abuse is limited to one family; sometimes it involves whole communities.

In cases of community-wide multi-victim sexual abuse, which may occur over a period of many years, disclosures of current sexual abuse by children may trigger disclosures by adult survivors of the same abuser. Similarly, the decision by a survivor to report her abuse may result in other adult survivors coming forward, or in the discovery of current abuse.

The disclosure of such multi-abuse cases, especially where the abuser is a prominent or trusted community member, may precipitate a community crisis that extends beyond the personal crisis of each individual victim.

One type of multi-abuse involves ritual abuse. In such cases, the implications for the survivor and the community are particularly confusing and horrific.

The Multi-victim Child Sexual Abuse Research Project, undertaken by the Ministry of Health, Child and Youth Mental Health Services, has recently produced a first final report, *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia, 1985–1989, and Community/Mental Health Interventions*.[15]

This project looked at high-profile multi-victim cases where the community as a whole was involved in coping with the magnitude of the revealed problem. Many of these incidents involved victims who are now adults. It focused on 21 B.C. communities, where 30 multi-victim occurrences were recorded.[16]

The report analyzes such factors as the number of victims, community responses to the abuse, offender positions of trust, and the application of research findings and clinical experiences of front-line professionals to the development of community protocols.

2. Gaps and Obstacles in Policies, Programs and Services

> *. . . adult survivors were typically ignored or abandoned by the agencies which could have and should have intervened. In their day, sexual abuse was so hidden, their mothers so powerless, and the family so sacrosanct that turning to an institution for help was not an effective option for children or their mothers.*
> *– Recollecting Our Lives*

Policies and Inter-disciplinary Protocols

There are few inter-branch or inter-ministerial policies for adult survivors of childhood sexual abuse.

In terms of coordination, the gaps detailed in the chapter on sexual assault apply equally to adult survivors of childhood sexual abuse. As mentioned there, services vary widely from community to community, and there are no formal inter-agency committees at the local level.

Similarly, the access to services for adult survivors of childhood sexual abuse is to some extent dependent upon the degree of cooperation between the woman-centred community-based sexual assault centres or specialized victim assistance programs on the one hand, and police- and crown-based victim assistance programs on the other hand, and with the police and Crown themselves. Problems of coordination can present obstacles at the local level for adult survivors of childhood sexual abuse, just as they can for sexual assault victims.

Issues of coordination have recently been examined in the Ministry of Health's Multi-victim Child Sexual Abuse Research Project. The first report of that project contains recommendations for developing intervention strategies and local protocols for dealing with multi-victim abuse occurrences.

A second study on coordination of the local response to child sexual abuse has been undertaken by the Social Planning and Research Council of B.C. and the B.C. Society for Children and Youth. Networks of response in three communities (Vancouver, Duncan and Vernon) have been mapped out and analyzed. The report of this project will be produced early in 1992.

Programs and Services

Counselling and Support Services

Counselling and support services to adult survivors of sexual abuse have been identified as an urgent need. *The Report of the Advisory Council on Community-Based Programs for Women*, says, "The need for all types of counselling services is critical."[17] Similarly, the report on *Mental Health Service Requirements for Women Who Are Victims of Violence*, says: "The inadequate supply of counselling services to women who have been or are victims of violence is a key issue."[18]

The service need is particularly acute for survivors in rural and remote areas. In addition, the service needs of groups that are particularly discriminated against, such as immigrants, people of colour, elderly people, people with disabilities, lesbians and gay men, people who are poor and people who live in rural and isolated areas, are not being met.

Aboriginal people have particularly acute needs both because of high levels of abuse in their communities and because they are discriminated against by our society.

One of the greatest gaps is a lack of counselling for adult survivors that is based on an understanding of the interconnection between the trauma of childhood sexual abuse and the current presenting problem. This issue is particularly relevant for survivors who seek help from Mental Health Services or Alcohol and Drug Programs.

A further obstacle to effective counselling may be posed by labelling survivors as "co-dependent". This approach may obscure the traumatic root of the

One community agency listed the following problems faced by adult survivors:

Minimal supports; no Criminal Injuries money for most; no foresight re prevention of inter-generational problem perpetuation and social implications; huge amount of individual suffering; societal denial, minimization; ethic of "past-is-past" and imposed forgiveness as "the goal."
– Vancouver Incest and Sexual Abuse Centre, submission to the Task Force

survivor's problem and the power inequities within society which have contributed to both her past and present victimization. See the Wife Assault chapter for a more detailed discussion of "co-dependency."

Sexual Assault Centres, Specialized Victim Assistance Programs

Respect the developed expertise of feminist grassroots organizations and provide them with the tools they need to share that expertise with emerging organizations so that expertise will not be lost or diluted.
– Kamloops Sexual Assault Counselling Centre, submission to the Task Force

Many survivors of childhood sexual abuse are turning for help to sexual assault centres and specialized victim assistance programs. These are described in Appendix 6. A great deal of valuable work is being done by these and other community agencies in responding to the immense needs of large numbers of adult survivors.

However, these agencies, being chronically under-resourced, with underpaid and overworked staff, often cannot provide adult survivors of childhood sexual abuse with the services they need.

At sexual assault centres, both staff and volunteers may confront highly complex cases of adult survivors, involving severe stress reactions, such as serious depression or multiple personalities. Sexual assault centres may find themselves forced to provide stop-gap support to people who need long-term therapeutic counselling.

In the absence of appropriate referral sources, there is a danger that a support worker or counsellor may attempt to deal with a situation beyond her expertise, a situation which could have serious consequences for the survivor – and the worker.

Resources to which cases can be appropriately referred may not exist within the community. If the sexual assault centre refers the survivor to a psychiatrist, that psychiatrist may be even less able to provide appropriate assistance than the centre, owing to lack of understanding of the survivor's experience.

Where sexual assault centres or specialized victim assistance programs do have specially trained staff who are experts in the complex dynamics of being an adult survivor, they may have to rely on community fund-raising to sustain that position.

There are also a number of other community agencies, such as women's centres or family service agencies, that provide information and referral for adult survivors of childhood sexual abuse.

Survivor Services for Men

These support systems don't exist for men [who were victims of childhood sexual abuse] . . . What we have are prisons.
- male survivor of childhood sexual abuse quoted in the *Globe and Mail, December 4, 1991*

While specialized victim assistance programs and some sexual assault centres provide services to men who are survivors, few of these programs are designed specifically to meet the needs of men.

Mental Health Centres

Mental Health Centres are mandated to provide services to the chronically mentally ill, and to people who are experiencing acute psychiatric distress and require immediate intervention.[19]

A significant number of clients referred and seen at Mental Health Centres – 30% of the caseload–are women who are or who have been victims of violence, including childhood sexual abuse (although the violence is usually not the presenting problem).[20]

Treating the symptoms before understanding the problem often results in the prescribing of psychotropic medication or use of therapies that are inappropriate to the problem. Health professionals must receive training in recognizing victims of violence, and have within their facilities appropriate protocols for dealing with the situation. Mental health professionals may also need specific training in appropriate therapeutic interventions which address the interconnection of violence and mental health.
– Mental Health Service Requirements for Women Who Are Victims of Violence, 1991

Mental Health Centres do not have a specific mandate to provide services to adult survivors of childhood sexual abuse. Nor do they have the resources to contract these services out–to a sexual assault centre, for example. Nor do they have sufficient outreach services to reach those survivors who may not access the help available at a Mental Health Centre because of the stigma attached to mental heath services.

The Ministry of Health, Mental Health Services, has begun to provide services through contracted community agencies to adult survivors of childhood sexual abuse whose needs are for counselling rather than for psychiatric services. The Task Force recognizes that this funding indicates a shift in the mandate of Mental Health Services, and sees this as a positive move.

Projects have been funded in all regions of the province with small amounts of funding being added to existing programs. However, this funding is insufficient to meet the demand.

Access to mental health services is an especially acute problem in rural and remote areas.

Alcohol and Drug Programs

Significant numbers of adult survivors have alcohol and drug problems, and significant numbers of people with substance abuse problems were sexually abused as children.

For that reason staff of the Alcohol and Drug Programs (ADP) of the Ministry of Health are important service providers for this group. Often the alcohol or drug problem of a sexual abuse survivor is the presenting problem that triggers a response from the system. While many alcohol and drug counsellors have extensive expertise in responding to the needs of survivors, many do not.

Traditional treatment models have been both male-oriented and disease-oriented. Those working in the addictions field should work toward the goal of ensuring that women's individual needs and responses are recognized in treatment and prevention programs. Women need to find alternatives to many of the existing programs. Above all, they need to be in all-women groups, where, with each other's help, they can look at the wider issues affecting their lives in a non-threatening environment.
– Depending on Ourselves: Proceedings of the National Consultation on Women and Drugs

Most addiction treatment is offered through the ADP "System of Care," a network of detox, outpatient, residential treatment and supportive recovery facilities throughout the province. This is augmented by private practitioners and the federally funded Native Alcohol and Drug Abuse Program (NAADAP) on reserves (see Appendix 22).

Currently, there are two residential treatment programs for women only. Residential programs for women are important so that women can deal with sexual abuse survivor issues in a protected environment. The Working Committee on ADP Services for Women is undertaking a survey of treatment providers, which includes a focus on victimization issues.

As many alcohol and drug counsellors are not experienced in counselling survivors on their sexual abuse issues, these issues often do not get dealt with. The presenting problem may be chemical dependency. But underlying the dependency may be a loss of self-esteem resulting from childhood sexual abuse, which will prevent full recovery and therefore needs to be addressed.

Training of alcohol and drug counsellors may not deal adequately with the issues of sexual abuse, women's victimization, and gender inequality as factors that maintain chemical dependency in women and prevent them from taking charge of their lives. This may result in inappropriate service responses, including the application of theories of co-dependency that may not be helpful to an adult survivor.

In addition, there is often a lack of coordination between agencies that address alcohol and drug issues, *It would be inappropriate and unfair to assume that all survivors need professional treatment.*

However, when adult survivors seek support and treatment, it must be available to them.

– Rix Rogers, *Reaching for Solutions*

and victim-serving agencies.

Private Counselling

Adult survivors who need to access therapy from private counsellors may not be able to afford them. Or there may be no counsellor in the community, or no counsellor with the necessary expertise in this area of abuse. This is especially true in rural and isolated areas.

Psychiatrists who do not understand the complex dynamics of surviving childhood sexual abuse may medicate the survivor, minimize the consequences of the abuse, or infer that the victim is to blame.

Transition Houses

Transition houses have neither the resources nor the specialized training to cope with the demand for counselling services for adult survivors. A transition house setting is often inappropriate for an adult survivor of childhood sexual abuse if she also has chemical dependency problems. There is no appropriate residential facility for adult survivors who are also psychiatrically disturbed.

Advocacy

Recommendation 54, *Reaching for Solutions:*

That addressing the needs of adult survivors of child sexual abuse should be an important objective for provinces and territories, and that self-help and other community-based support programs for survivors be considered eligible for cost-sharing programs with the provincial government.

People who were sexually abused as children and who are now dealing with the long-term effects of the abuse do not have sufficient access to advocacy services. They need emotional support and assistance to access information and services. They may need continued support throughout the court process.

There is inadequate recognition on the part of government of the need for advocacy services, and of the need for these services to be located within groups that are independent of government. In particular, the advocacy needs of survivors who are particularly discriminated against are not being met.

Self-Help

Self-help groups typically operate with minimal resources and volunteer time, but are invaluable because of their ability to enhance a survivor's sense of autonomy and self-esteem. Self-help initiatives are not adequately recognized by government as a cost-effective method of addressing victims' needs.

As with sexual assault, there is insufficient recognition that self-help groups for survivors can work effectively, with the proviso that they are used in conjunction with professional help where appropriate.[21] This proviso is an important one. There is a danger that, especially within communities which lack professionals trained in adult survivor issues, self-help groups will try to deal with clients and issues that are beyond their mandate and their expertise.

Justice System[22]

Justice system personnel may tend to discount the significance of the abuse because "it took place so long ago." They may consider the length of time between incident and charge, and the advanced age of the abuser as mitigating factors.

However, there is no time limit on when criminal charges can be laid for sexual assault offences designated as indictable.

Furthermore, the Supreme Court of Canada ruled in May 1991 that it does not violate the rights of the offender if there are lengthy delays in bringing charges of childhood sexual abuse.

It is well documented that, in cases of sexual abuse, non-reporting, incomplete reporting and delay in reporting are common . . . If proceedings were to be stayed based solely on the passage of time between the abuse and the charge, victims would be required to report incidents before they were psychologically prepared for the consequences of that reporting.
– Mr. Justice William Stevenson, Supreme Court of Canada, May 1991 in *Regina vs. L.* (1991) 64 CCC (3d) 321

The decision upheld a B.C. Court of Appeal ruling that a man must stand trial for sexual assault charges of molesting his two daughters and step-daughter. The charges stemmed from incidents that went back to 1957.

Police

While most survivors of childhood sexual abuse do not report the abuse to police, police are nevertheless receiving an increasing number of such reports.

Almost always, the reporting happens after the survivor has received some kind of support or counselling, either for the abuse or for another issue. Sometimes the survivor reports the abuse out of a desire to see justice done, to see that the abuser faces the consequences of his actions. Sometimes the survivor makes a report to prevent others from becoming victims. Sometimes survivors report because they need a police report before they can be eligible for Criminal Injury

Compensation. Sometimes a survivor reports her own childhood sexual abuse as part of a statement when her child has been sexually abused.

While the larger police forces or detachments have special sexual offences units, most police do not have sufficient understanding of the complex issues facing adult survivors of childhood sexual abuse. Dealing with a report by an adult survivor may be outside the police officer's experience.

Training of police recruits does not adequately address these complex issues, nor does advanced training for police officers.

Crown Counsel

While the issues involved in the long-term effects of childhood sexual abuse are very complex, prosecutors of cases involving adult survivors do not receive any special training in preparing witnesses or in prosecuting the cases. Prosecutors who are experienced in handling child sexual abuse cases may be able to provide some assistance, but their expertise is in relation to children, not adult survivors.

A greater familiarity with these issues may be relevant in cases of survivors who have been revictimized (for example, an adult survivor of childhood sexual abuse who has been sexually assaulted). In a case of this nature, the survivor may have responded with a passivity that is rooted in the childhood trauma, but which could be used by the defence as an argument that the victim "consented."[23]

There is similarly no specific training on approaches available to Crown counsel to address the psychological injuries of childhood sexual abuse in sentencing submissions.

Although Crown counsel has a policy of providing continuity of counsel, this is not always the case in practice. Furthermore, the survivor may not be interviewed by the Crown counsel conducting the case until the day of the trial itself. Both of these factors can add to the survivor's trauma as she deals with the experience of going to court.

In many ways, survivors are the best teachers about child sexual abuse.
– Rix Rogers, *Reaching for Solutions*

Judiciary

The judiciary does not receive adequate training in the complex dynamics related to surviving childhood sexual abuse, nor in how these issues may relate to issues of gender bias. This lack of training and lack of understanding of the survivor's experience can result in further trauma for the survivor and inappropriate court outcomes. In recent years, charges for incidents of sexual abuse which took place in the survivor's childhood, possibly ten, twenty or thirty years before, have begun to be laid on a regular basis. It is now imperative that judges be trained in this area.

Civil Litigation

The general rule under the B.C. Limitation Act is that victims of childhood sexual abuse have only two years from their nineteenth birthday to sue an abuser for damages in civil court. This limitation makes it impossible for most adult survivors to sue their abusers for the injury. For many adult survivors, memory of the abuse surfaces years after their age of majority. For example, survivors may be in their 40s before they can bear to remember what happened to them when they were 10.

Even if the two year limit did not close this civil remedy to adult survivors, the lack of a legal aid tariff for civil matters could often prevent access. Civil proceedings are expensive and many survivors cannot afford them.

Compensation

Criminal Injury Compensation is available for those survivors who have reported to police and are judged to be eligible for compensation. An award may be granted for lost wages, to compensate for pain and suffering, and to pay for necessary counselling.

This is provincial legislation and applies to incidents of past sexual abuse that took place within B.C. since the Act was proclaimed in 1972. There are no reciprocal arrangements with other jurisdictions.

Funding is provided only for that part of the counselling which addresses the abuse. It is generally not provided to address the inappropriate coping mechanisms survivors have often developed to deal with the abuse. In this way it may not address the totality of the survivor's needs.

Adult survivors may need to access counselling, but they may not choose to report the case to the police. However, if they do not report, they cannot be eligible for Criminal Injury Compensation to pay for counselling.

ENDNOTES

1 David Finklehor, *Source Book on Sexual Abuse.*

2 Robin F.Badgley, *Report of the Committee on Sexual Offences Against Children and Youths.* Ottawa: Ministry of Supply and Services, 1984, vol.1, p. 175.

3 Linda Halliday, *The Silent Scream: Childhood Sexual Abuse. Toronto: University of Toronto, 1985, pp. 17-23.*

4 Halliday, 1985.

5 Lois A. West, "Sexually Abused Children and Teen-Age Prostitution," *Response 3, No.9* (May 1980) p. 2.

6 Linda Halliday, *Sexual Abuse: Interviewing Techniques for Police and Other Professionals.* Campbell River: Ptarmigan Press, 1986, p. 44.

7 Women's Research Centre, *Recollecting Our Lives: Women's Experience of Childhood Sexual Abuse.* Vancouver: Press Gang, 1990, p.156.

8 Victoria Women's Sexual Assault Centre, *Childhood Sexual Abuse: A Handbook for Adult Survivors. Victoria, 1991, p 4.*

[9] Linda Halliday, quoted from *No Safe Place: Violence Against Women and Children,* eds. Connie Guberman and Margie Wolf. Toronto: Women's Press, 1985, p. 100.

[10] Alayne Hamilton and Miki Hansen, "Family Violence and Substance Abuse," report to the Task Force, September 1991, unpublished.

[11] Addiction Research Foundation of Ontario, news release, August 1989. Quoted from Rix Rogers. *Reaching for Solutions: Report of the Special Advisor to the Minister of National Heath and Welfare on Child Sexual Abuse in Canada.* Ottawa: Ministry of Supply and Services, 1990, p.84.

[12] Rix Rogers, 1990, p. 20. Quoted from a brief by C.C. Steward to the Select Committee on Education, Toronto, July 1988.

[13] This framework was developed by Pamela Sleeth and is described in detail in Chapter 3 of *Recollecting Our Lives.*

[14] Although homophobic myths suggest that homosexual men molest male children, the overwhelming majority of reported abusers are heterosexual men. See Indiana University Institute for Sex Research, "Sex Offenders: an Analysis of Types," Paul H. Gebhard et al. New York: Harper and Row 1965, p. 219.

[15] Child and Youth Mental Health Services, British Columbia Ministry of Health. *Dimensions of Multiple Victim Child Sexual Abuse in British Columbia, 1985-1989,* and *Community/Mental Health Interventions.* Victoria: Ministry of Health, July 1, 1991.

[16] Child and Youth Mental Health Services, 1991, p. 21.

[17] *Report of the Advisory Council on Community-based Programs for Women,* June 1990. Victoria: Ministry of Women's Equality p. 10.

[18] Noble, 1991, p. 15.

[19] There are 42 Mental Health Centres/Community Care Teams in B.C., with 28 sub-offices.

[20] Noble, 1991, pp. 11-12. The survey reviewed 2,101 cases and estimated that 604 involved women who had been victims of violence. This constitutes 30% of total Mental Health Centre caseloads.

[21] Shelley Neiderbach, *Crime Victims Speak.* New York: The Hawthorn Press, 1986, p. 239

[22] The contribution of the government of British Columbia to the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System focuses specifically on violence against women. A summary of the concerns identified by the province is provided in Appendix 3.

[23] Halliday, 1986, p. 44.

VII. Abuse of Elderly Persons

1. Dimensions of the Problem

". . . Idle old man
That still would manage those authorities
That he hath given away. Now by my life
Old fools are babes again, and must be used
With checks as flatteries, when they are seen
abused." – King Lear (I,iii,17-22)

"I was recovering from a broken hip but they soon forgot about that. They were nice at first but soon I was made to stay in the bedroom or do chores around the house. Even though I still had a bad hip they gave me jobs that they knew would be hard for me. One day they forced me to weed the garden, even though I had a broken hip. I had to slither up and down the rows, it took me hours. I felt very hurt and angry till finally one day they beat me up so badly by throwing me against the wall that the police came and took me to a battered women's shelter."

– Woman, age 75. Quoted in *Abuse of Elderly Women* by the Senior Women Against Abuse Collective

Introduction

We do not know precisely how many older people in British Columbia are being abused by family members or by caregivers. We do not even know how many cases are being reported because the data is not collected by any agency in the province. Neither do we know whether the incidence of such abuse is on the rise, whether more people are reporting abuse or whether there is simply a greater public and professional awareness of the problem. What we do know is that a significant number of older people are being abused and not enough is being done about it.

Abuse of elderly persons is an issue that is being increasingly recognized as one that requires urgent attention from a whole range of service providers, from law enforcement personnel to institutional and family caregivers, to public educators.

Incidence

The National Survey on Abuse of the Elderly in Canada estimates that 53 of every 1,000 elderly persons in private homes in British Columbia are abused, the highest reported rate of abuse of elderly persons in Canada. The national average is 40 of every 1,000 elderly persons.

Abuse of elderly persons is a misleading term. People are abused not because of their age but because they are ill, frail, isolated or dependent on others for care. Those same conditions may apply to people who are not elderly, such as people with disabilities.

Definition of Abuse of Elderly Persons

Abuse of elderly persons is a complex problem and may not be as well understood as other types of family violence. Researchers and service providers have not yet reached agreement on the full range of behaviours that would be considered abusive. There are, therefore, many different definitions of the abuse of elderly persons.

For purposes of this Task Force, we have adapted the definition developed by the Inter-ministry Committee on Elder Abuse for its draft document, *Principles, Procedures, and Protocol for Elder Abuse.* The Task Force is not addressing the issue of passive neglect, so it has not been included in this list. The definition we are using reads as follows:

Abuse of elderly persons is any action or inaction which jeopardizes the health or well-being of an elderly person. It may include:

Physical Abuse – Any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.

Psychological or emotional abuse – Any act, including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Financial abuse or exploitation – The misuse of an elderly person's funds and assets; obtaining property and funds without her/his knowledge and full consent, or, in the case of an elderly person who is not competent, not in her or his best interests.

Sexual abuse – Any sexual behaviour directed towards an elderly person without her or his full knowledge and consent, i.e., sexual assault, sexual harassment, or use of pornography.

Medication abuse – misuse of an elderly person's medications and prescriptions, including withholding medication and oversedating.

Violation of civil or human rights – Denial of an elderly person's fundamental rights (according to legislation, the Charter of Rights and Freedoms, or the U.N. Declaration of Human Rights); for example: withholding of information; denial of privacy; denial of visitors; restriction of liberty; or mail censorship.

Active neglect – intentional withholding of basic necessities or care.

Abuse is usually a deliberate act committed by someone known to the victim, usually a family member, caregiver or someone closely associated with the older person. It can occur within a care facility or in the community. If an abusive act is committed by a stranger, while it may well be a crime under the Criminal Code of Canada, it would not be considered abuse within the terms of reference of this report.

The Social Context of Abuse of Elderly Persons

Ours is a society that worships power, control and the illusion of youth. Abuse of elderly persons is part of the same dynamic of power relations and abuse of power as other forms of family violence.

People, and most dramatically women, are seen to lose power, status and worth as they get older. This perception may lead society to treat an elderly person as if she were a child or an object of care instead of as an adult. This view may lead people to justify mistreating or neglecting an elderly woman.

Who has these attitudes and who makes excuses for abuse of elderly women? We probably all do to some extent. This one aspect of family violence comes closest to touching the potential for abusing and being abused in all of us.

The more power that has been taken from elderly women, in terms of their physical or mental health, their self-esteem, or their ties with other people, the more vulnerable they will be to abuse. Abuse thrives in secrecy

The negative attitudes towards old women are abusive; they feel compelled to dye their hair (only to be known as the "blue-haired" crowd) and disguise their wrinkles to conceal the signs of age.

Where older women are concerned, the issue of powerlessness is clear and dramatic, surfacing in such basic areas as low income. . . and negative societal attitudes toward older women, hardships not suffered to the same degree by older men.

– Quoted in *Abuse of Elderly Women* by the Senior Women Against Abuse Collective and isolation. Abuse also thrives in a society that encourages the use of force to control others – from spanking in child rearing to restraints in old age.

Attitudes toward the aged as "burdens," as no longer useful or contributing members of our society, can discourage the independence and autonomy of elderly people and can result in circumstances which lead to their abuse.

Like the issue of drinking and driving at the start of the CounterAttack Program, there is a general view that elder abuse is not a crime. This attitude must change.
– Port Moody Police Department, submission to the Task Force

Other factors that have been considered as contributing to the risk of abuse include: caregiver stress, lack of adequate support services, lack of awareness of the needs of elderly people, an inter-generational cycle of abuse, alcohol or drug abuse, and cultural conflict between generations.

However, research is in a formative stage and clear evidence is lacking to establish the linkages between some of these factors and abuse. For example, Blossom Wigdor, in a recent Government of Canada publication, *Elder Abuse: Major Issues from a National Perspective,* notes that although substance abuse and personality problems are frequently characteristics of abusers, caregiver stress does not appear to be a factor in most cases.

Pearl McKenzie and Sylvia Holland from the Senior's Project of the North Shore Community Services, in their paper *Legal Services for the Elderly*, support Wigdor's position on abuse by caregivers. Both have found that abuse by caregivers is less frequent than abuse by relatives not in a caregiving relationship.

I have been married for 61 years to the same man. He's getting worse, slapping me around and pushing me on the floor. That's why my hip is so bad. He'll never change.
– Quoted in *Abuse of Elderly Women* by the Senior Women Against Abuse Collective

Frequently the abuser, often the husband, is the person being cared for by the abused. Many women, who are themselves in frail health, are struggling to care for abusive men. If the abuser is mentally ill or has dementia, this may be considered a justification for the abuse in the sense that the abuser "cannot help himself."

Wigdor, and McKenzie and Holland point out that, contrary to the stereotype that abused elderly people are financially dependent on the abuser, it is more often the case that the abuser is financially dependent on the person he or she is abusing. Some adult children come home to live with their parents or depend on their parents for financial support in other ways.

Abuse and neglect of the vulnerable adult is an issue that triggers defensiveness and denial in everyone. Often, in our frustration over the complexities of the problems, or because we are denying our own responsibilities, we blame the victim. If the person being abused appears troublesome or difficult, we see this as an intolerable strain on the caregiver that justifies the abuse. Caregivers do live with a great deal of stress and sometimes lose patience. It is important to note, however, that the majority of cases of abuse of elderly people involve greed and intentional mistreatment that is not related to caregiver stress.

Negative attitudes toward elderly persons in general and elderly women in particular may contribute to their abuse. The common view of older people as feeble, forgetful or dependent weakens inhibitions against abuse of the elderly.
– Prevention of Family Violence fact sheet on Elder Abuse, Edmonton

Another common misperception is that elderly women allow the abuse to happen because they refuse to make changes, to accept other options that are presented to them. Observers may allow the abuse to continue because they think that an elderly abused person is trading off her own rights in order to maintain the affection or company of her family.

Service providers may feel that family members should be consulted or should make decisions concerning where and how an elderly relative lives. Family members may believe that children have a right to an elderly person's estate before she dies, and service providers may collude in this belief.

Abuse of elderly persons within cultural minorities may be subject to dynamics that are somewhat different from or additional to those that have been discussed above.

Other cultural values and attitudes toward elders may clash with the dominant values and attitudes within the mainstream culture. Multi-generational immigrant families may be subject to intense pressure that can result in the elderly family members being abused or neglected. Conflict between old and new values and traditions may be felt most strongly by the elderly members of a household. A lack of understanding of laws, customs or expectations and lack of English language skills may prevent elderly immigrants from accessing the services they need if they are being abused.

Little is known about the extent or dynamics of abuse of elderly family members in aboriginal communities. Elders in general occupy a position of respect in aboriginal communities, but may experience the effects of dysfunctional families, including becoming victims of abuse. Aboriginal elders who experience abuse may also face barriers in having access to services if they are in a geographically isolated area, or if the services are not provided in a language that they understand. Many non-aboriginal services are culturally inappropriate for aboriginal people.

2. Gaps and Obstacles In Policies, Programs and Services

Attitudes

> *I had a funny experience on the way to the interview. A child came up behind me and whacked me with a steel ruler. I still feel the sting of it. The child ran away laughing and said: "What are you doing here old woman?"*
> – 68 year old woman, quoted in *Abuse of Elderly Women* by the Senior Women Against Abuse Collective

Society's attitudes toward aging and toward elderly people are the biggest obstacles to the development of a comprehensive response to their abuse. Lack of awareness, both of the problem and of possible solutions, has led policy makers, program directors and service agencies to minimize the problem and to do nothing about it.

Society's assessment of whether or not an elderly person is "competent" is probably the most judgemental and loaded concept used against vulnerable elderly people. An emphasis on competency often leads service providers to perpetuate a systemic abuse of the elderly person's rights. Often their reasons are well-intentioned, for example, a desire to protect the elderly person. But decisions are made equally as often to meet the needs of the person or agency delivering services.

> *When he got the gun out, I picked up the phone and called the police. I had never done that before. When they came to our farm house I ran. The policeman tried to convince me to come in the house and talk but I refused. I got in that car and said I'm never coming out.*
> – 71 year old woman, quoted in *Abuse of Elderly Women* by the Senior Women Against Abuse Collective

Working with the elderly person to inform her of her options and support her to effect change is very time consuming. It is often easier for a service provider to turn to a family member to make decisions. This often results in the abuse of the elderly person's rights. Elderly people often do not report abuse because the intervention can be as abusive as the original incident.

The Project to Review Adult Guardianship advocates that rather that talking about "competency," we refer instead to "capability" and the various levels of ability that we all experience at different times of our life. The Project's focus is on what the elderly person is capable of, and what society can do to enhance her independence and restore her personal power.

An example of how our attitudes about aging and the aged affect the ways in which we intervene and provide services is the way we respond to young wives who have been assaulted compared to the response to elderly wives who have been assaulted.

We have come to understand that a young woman in an assaultive relationship will require time and a variety of support services in order to make change. We expect her, because of her emotional state, to have trouble comprehending and retaining information, and to experience difficulty in making firm decisions.

The same behaviour from an elderly woman in the same situation may well be attributed by police and social service agencies to her age rather than seen as part of the dynamics of family violence. What might have been understood as a normal reaction in a young woman may be seen as a sign of "incompetence" in an elderly woman.

Another example of how our attitudes and our language may affect how we deal with abuse of elderly people is the way we minimize certain crimes by calling them "elder abuse." Fraud is fraud, no matter how old the victim. If a woman has been beaten by her husband throughout her marriage, such behaviour does not suddenly become "elder abuse" when the woman reaches the age of 65. It is still wife assault. The justice system should deal with fraud and assault as crimes, not "just" as family or social problems.

Discriminatory attitudes toward people with disabilities may make them particularly vulnerable to abuse as they get older, and may make it even more difficult for them to get help.

Lesbians and gay men may find that they will be a particular target for abuse by a homophobic society as they get older.

Discrimination against immigrants, refugees, and people of colour may allow for abuse as people get older and need services. This may be particularly painful for aboriginal elders who traditionally hold a place of respect in their communities.

Policy and Programs

The protocol developed for Elder Abuse provides a consistent approach for staff in dealing with this difficult problem and enables them to decide how to best use the support services available for each case on an individual basis.
– Vancouver Health Department, submission to the Task Force

There is no comprehensive government policy to respond to the abuse of elderly persons or to guide the responses of service providers to cases of suspected abuse of an elderly person.

The Inter-ministry Committee on Elder Abuse and the Continuing Care Division of the Ministry of Health is in the process of developing a document entitled *Principles, Procedures, and Protocols for Elder Abuse* which in a coordinated way is intended to guide the responses of service providers. At present there are a number of protocols in use by different services. Committees exist in a number of communities throughout the province, and are being formed in others, to respond to the issue of abuse of elderly people.

The Ministry of Health is developing a core training module on the abuse of the elderly person for service providers in government and non-government agencies and an inter-agency elder abuse handbook. See Appendix 19 for a summary of some current initiatives to address abuse of elderly people.

The Project to Review Adult Guardianship released its *Framework Document* in July 1991 which includes recommendations on abuse, neglect and self-neglect. See Appendix 20 for excerpts from this report.

Abuse of elderly people is fostered by lack of services. Low welfare rates; few housing options for elderly people to live independently or semi-independently; limited accessible transportation; and limited health and social services mean that elderly people lose their independence, develop low self-esteem, and become isolated. Poor elderly people, most of whom are women, are particularly affected.

The Task Force heard that preventive services to people who are elderly or disabled are in short supply. Waiting lists exist for respite care, permanent placement and short stay assessment programs and caseloads of Continuing Care staff are large. There is also a lack of outreach services to support elderly people in maintaining control over their own affairs.

While many of those working in this field do not believe that the answer to responding to the needs of elderly victims of abuse is setting up separate services, we know that there is a lack of resources in the community to respond to the needs of these elderly victims.

Even where services are available, service providers' lack of training in this area may result in their inability to recognize and deal with the abuse. Services not designed to meet the needs of elderly people and people with disabilities may not be of much use to them. Services may not be easily accessible, well advertised in places frequented by elderly people, or staffed to make an elderly person comfortable.

In particular, services not set up to address the needs of aboriginal elders or elderly people from cultural minorities may be unaware of their needs or unable to meet those needs.

There is a lack of coordination of services at the local and the provincial levels. Most communities do not have protocols or guidelines for an inter-agency response to the issue of abuse of elderly people. Most communities do not currently have the ability to offer elderly victims a one-stop approach to the multi-faceted problem of their abuse.

This lack of coordination and the fact that an elderly victim might have to go to several different agencies in order to get services to meet their needs is particularly problematic for elderly people. They may well have difficulty in getting to all the various agencies which might be of assistance. Often, elderly people simply find the array of services and the government bureaucracy too confusing and intimidating to be of help.

The availability of services is not enough. If potential clients are not able to get to these services because they lack knowledge of their options or their rights or feel intimidated by the system, then these services are not accessible to them. In most parts of the province, advocacy services for elderly victims are non-existent or inadequate. Where they exist, they are generally provided informally and without funding, by agencies already under-staffed and under-funded.

Abuse within institutions is a distinct and different issue and needs more study. No comprehensive strategy exists to address abuse within community care licensed facilities, although a policy to guide staff response to allegations of abuse within a facility has recently been developed. The Task Force endorses the recommendation of the Project to Review Adult Guardianship that reporting of abuse, neglect or self-neglect occurring in a community care licensed facility should be mandatory, while reporting of abuse, neglect or self-neglect occurring in the home should be voluntary.

Detection

Detection of abuse of elderly persons is impeded by our belief in the sanctity and privacy of the family and our persistent misconception that the family cares for its loved ones and respects its elders. Even professionals who work with the elderly will deny the reality of abuse.

Like other victims of family violence, elderly people may feel they are to blame, or feel ashamed to admit that they are being treated badly by their children or other family members. They may also fear that no one will believe them, or that they will be put into an institution if they complain.

Victims may also be unable to report abuse because they physically cannot get to a telephone. Some victims are unable to communicate because they cannot speak English or because they have a physical or mental disability which impairs communication.

People who learn of the abuse of an elderly person often don't know who to report to, or who can help. They may also be impeded by a lack of clear protocols among service providers.

Important parts of an adequate system to detect and intervene in cases of abuse of elderly persons are effective assessment tools. These tools are necessary to assess whether abuse is occurring, what are the most helpful and respectful ways to intervene and whether the elderly person is capable of acting on information offered and making decisions.

Detection and successful intervention in cases of abuse of vulnerable people, then, most often depends on the commitment of individuals and services in a community and their willingness to get involved.

VIII. Family Violence in Aboriginal Communities

Incidence

- *a B.C. report on violence in aboriginal communities indicated that 86% of the respondents had experienced or witnessed family violence*[1]
- *the same report found that women and children are most often regarded as the abused*[2]
- *a study reviewed by the Aboriginal Justice Inquiry of Manitoba found that about one in three aboriginal women in Canada are abused by their partners, compared with one in ten women in the general population*[3]
- *a study of aboriginal women in Ontario found that 80% had personally experienced family violence*[4]
- *the B.C. Royal Commission on Health Care and Costs reports that 23 percent of the suspects and 22 percent of the victims of all family homicides from 1974-1987 were aboriginal people*[5]
- *the suicide rate for aboriginal people in British Columbia is approximately 50% higher than the non-aboriginal suicide rate*[6]

"We believe that in order to truly create solutions to family violence, we must provide support to the entire native family. The development of [a] Family Violence Centre must therefore support all components of the family. In creating healthy families, Helping Spirit Lodge Society is committed to support for women who are survivors of violence, counselling for children who witness violence in their homes, prevention programs for youth, women, elders programs, as well as counselling for the battering spouse."
– Helping Spirit Lodge Society, submission to the Task Force

"I believe it is necessary to return First Nations women to our traditional respected position in society. But can we do that if we deny or lessen the reality of the situation? Should we gloss it over with myths that . . . our history, culture, and oppression have somehow made us different? No matter what the culture or heritage, we women are human and we deserve the safety and respect inherent in a just, caring and equal society.

Family violence is not traditional. Assaulting women is not appropriate. Culturally or otherwise."
– Ardyth Cooper, presentation to the Task Force

"The Nuu-chah-nulth perspective on health is wholistic, dealing with the balance of physical, emotional, spiritual and mental needs that are met for each person within the family and the community. The concept is congruent with the World Health Organization definition of health which is concerned with the empowerment of people as complete human beings . . . The most serious health issue identified is the state of dependence which has resulted from a century of colonial style government."
– Nuu-chah-nulth Health Board, Port Alberni, B.C., submission to the B.C. Royal Commission on Health Care and Costs

Introduction

When the Task Force began its work in March, 1991 there was one aboriginal member out of a total of thirteen. We all agreed that solutions lay with aboriginal communities, that aboriginal people must have control over their own services and that mainstream services must be made sensitive and accessible to aboriginal people. Differences in our perspectives were symbolized by our disagreement about how aboriginal concerns and recommendations should be stated.

The majority of Task Force members believed that, to avoid marginalization of aboriginal issues, issues concerning aboriginal communities must, in addition to being discussed in a separate chapter, be highlighted throughout the report and in the set of recommendations.

Unfortunately, those differences could not be resolved.

The result of this process has been that the Task Force, in the end, has no aboriginal representation. For this reason, in writing this chapter we have used our experience working with aboriginal staff and clients in our agencies and services, discussions with the aboriginal member of the Federal Panel and with members of the aboriginal circle set up to advise the Federal Panel, and the words of aboriginal people themselves: from submissions and presentations to the Task Force, submissions to the British Columbia Royal Commission on Health Care and Costs, and from studies, reports and discussion papers on issues relevant to family violence in aboriginal communities.

The Task Force is very aware that it is not a voice for aboriginal people. We have therefore tried to use this chapter as a vehicle for aboriginal people to speak for themselves.

Definitions and Demographic Diversity

Consistent with section 35 of the Constitution Act, the term aboriginal people is used throughout this report to refer to all people of First Nations descent including "Indian, Inuit and Metis." This includes those living on and off reserve, and regardless of their status under the Indian Act.

While aboriginal communities in British Columbia have much in common, they are also extremely diverse.

Approximately 42,000 aboriginal people live on reserves in 350 communities with an average size of 120 persons.[7] At least twice that many live off reserve in population centres of all sizes.[8]

There are 196 bands and 33 tribal councils (organizations representing a number of bands) in British Columbia. Only 13 bands are not members of a tribal council.[9] In addition, there are ten major language groups among the aboriginal people in British Columbia.[10]

1. The Dynamics of Family Violence in Aboriginal Communities

Roots of Family Violence

...there's [a] word we may call glum, "dysfunctional," however if we look more closely, "dys" is the latin word for pain, therefore what is being said is that we are a people functioning in pain. To understand that concept is part of the healing process.
– Hey-way'-noqu' Healing Circle for Addictions Society, submission to B.C. Royal Commission on Health Care and Costs

The history of aboriginal people in British Columbia has been one of colonization and oppression. At a recent conference on family violence held by the Carrier-Sekani Tribal Council in Prince George, a participant explained the connection between family violence in aboriginal communities and this history:

> ". . . in order to understand the present day factors which have an impact upon Native families who experience family violence, it is imperative that we understand the historical context from which our Native people come. The dominant society has eroded our beliefs and values over the years. Native spirituality was replaced with Christianity. Separation of our children, culturally and geographically, from parents and from their way of life had a drastic, negative impact on all of our Native families. Parenting skills diminished as each generation became more and more 'civilized.' "[11]

Residential schools taught self-hate. That is child abuse . . . Too many of our people got the message and passed it on.
– Grand Chief Dave Courchene Sr. to the Aboriginal Justice Inquiry of Manitoba

Forced attendance at residential schools has had a devastating effect on aboriginal communities. The Professional Native Women's Association has written:

> "It has been almost seven generations since the residential school system was imposed on Canada's First Nations. It will take at least another three to five generations to fully heal the cycles of dysfunction and suffering that resulted from this shattering experience

> . . . Study after study has exposed distressingly high rates of suicide, drug/alcohol abuse, family violence, physical, emotional and sexual abuse within the native community, yet it is only recently that these symptoms of social breakdown have been traced to the impact of residential schools."[12]

When a person grows up in an environment that is abusive, abuse becomes the norm for that person. Abuse becomes an inter-generational pattern when it is passed from parent to child.

In their 1991 study of family violence in aboriginal communities the Indian and Inuit Nurses of Canada identified alcohol or substance abuse and economic problems as the two leading contributors to family violence.[13] Other causal factors in family violence identified by studies cited by the Indian and Inuit Nurses included: residential schools, poverty and loss of culture and tradition.[14]

The chances for an aboriginal child to grow into adulthood without a first-hand experience of abuse, alcoholism or violence are small . . ."
– Report of the Indian and Inuit Nurses of Canada

Aboriginal Women

The Aboriginal Justice Inquiry of Manitoba writes:

> "Aboriginal women and their children suffer tremendously as victims in contemporary Canadian society. They are victims of racism, of sexism and of unconscionable levels of domestic violence."[15]

A majority of our Native women are not seeking help and when they do, are returning to the abusive relationship . . . It is the responsibility of the community to intervene.
– Urban Native Education Society, presentation to the Task Force

There is no doubt that aboriginal women and children are in need of extraordinary protection. Although patriarchal attitudes are not traditional, the Task Force has heard that they do prevail in many aboriginal communities and serve to disempower women.

The recent history of aboriginal women has been one of extreme marginalization. Their traditional position of respect and authority was seriously eroded by provisions in the Indian Act which disqualified them from Indian status if they married a non-status man. This meant they could not live on reserve, retain their band membership, pass their status onto their children or receive any of the other benefits of status – primarily housing, education and tax benefits.

The situation was the reverse for men who married non-status women; the marriage conferred status on the wife. Although the Indian Act was amended in 1985, the Task Force has been told this amendment has not resolved the problem of marginalization of and discrimination against women and children.

Denial and minimization exist in aboriginal communities just as they do in mainstream communities. Aboriginal women have told the Task Force that when men who hold positions of power are also the abusers, it is especially difficult for the community to acknowledge what is happening and for the women and children who are the victims to get help to protect themselves.

Pauline Busch of the Native Women's Association of Canada speaks of the key importance of the social status of women:

> "I think our very survival over the 500 years indicates the strength that we as aboriginal women possess and the strength that we are able to maintain a sense of our culture, our languages. And I think when we have in our culture a prophecy – or actually something that one of our elders says – that when the aboriginal women stand and take their rightful place it is at that time that we will see a just and equal people . . ."[16]

2. The Social Context

Family violence is only one aspect of the socio-economic crisis going on in most aboriginal communities. Suicide, substance abuse, poverty, ill-health, unemployment and family violence are inseparable. It must be recognized that the problem of family violence cannot be effectively addressed in isolation. Piecemeal solutions will not work.

Failure to understand this overall context can lead to over-emphasis on responses to individuals' problematic behaviours, rather than devoting resources to essential systemic change.

An aboriginal lawyer from the Nuu-chah-nulth Tribal Council movingly describes the situation of his people:

> "the pain that Indian people experience is a pain that comes from losing your culture, a pain that comes from poverty. Indian people have the highest infant mortality rate, the highest drop-out rates, the lowest life expectancy and the highest unemployment in the province. It's a pain that comes from this breakdown

Aboriginal people are disproportionately represented in any population at risk in North Unit including infectious diseases, such as tuberculosis, attendance at the free clinics, special needs daycares, and drug and alcohol problems, to name just a few. Agencies providing treatment for aboriginal people who are alcohol or drug users, have identified as many as 90% of their clients as victims of childhood sexual abuse.

– Vancouver Health Department, North Unit, submission to the Task Force

of our societies. It's a pain that screams, 'Stop this pain and help me!' "[17]

The idea of the extended family is vital to our Nations, and the welfare of any one member of our communities is important to everyone. This is the premise of our community-life.
– Ontario Native Women's Association, *Breaking Free: A Proposal for Change to Aboriginal Family Violence* Women's Association

Community and Family Structure

It was emphasized to the Task Force that most aboriginal people lived in extended family structures. For example, the organization of Carrier and Sekani families is described below:

> "Carrier and Sekani families are members of a clan commonly referred to as the extended family unit. For instance, close ties are maintained with grandparents, aunts, uncles and cousins or others in the house of a clan. The family structure involves a system that incorporates protection, prevention and intervention within the clans."[18]

Some community members choose NOT to acknowledge sexual assault exists in their community.

Individuals on reserve are reluctant to get involved [with family violence issues] for fear of being criticized by other community members.
– Saanich Indian School Board, submission to the Task Force

The Nuu-chah-nulth Health Board explains the importance and values inherent in this kind of social organization:

> "First, there is an emphasis on family and kinship. This is much more than an academic concept of extended family. Each Nuu-chah-nulth person exists within a kinship network from which derives his or her primary identity . . . Kinship gives rise to strongly shared identity, many shared values and an ability to achieve consensus. Children are especially precious. They are to be protected and nurtured above all else. This is the parents' main responsibility in life, but everyone in the family helps. Elders are to be respected for their knowledge and as the roots of the family. There is a strong belief that issues should be worked out harmoniously within the family clan."[19]

This social structure informs the wholistic approach to healing taken by services to aboriginal people which are developed by aboriginal people. This approach sees the individual in the context of the family, the family in the context of the community and the community in the context of the larger society, as well as taking account of the impact of socio-economic problems.[20]

This tight knit community structure, while it is a source of identity, love and protection for all when it is functioning well, can be silencing when behaviour within the family is abusive. The *Family Violence Worker Training Kit* of the Native Education Centre quotes aboriginal trainees on this issue:

> "We are not reporting the person but the behaviour is unacceptable. We think of grandpa, uncle, which leads to protection of the offender."
>
> "Accept that there is often a pretty sophisticated network of cover-up and that you are dealing with profound and difficult issues."

Traditional Approaches to Healing

Native ceremonies, the pipe ceremony, sweats are real powerful agents. They open up a channel to the spirit world. Also doing counselling with an elder is important. Native ceremonial life is really important in healing.
– aboriginal person quoted in the *Family Violence Worker Training Kit*

Virtually all contemporary family violence programs and services created by and for aboriginal people incorporate traditional philosophies and ways of healing. There is a universal realization that there is a great richness in aboriginal cultures from which everyone has much to learn. For example, the Hey-way'-noqu' Healing Circle for Addictions Society explains another aspect of the wholistic approach to healing:

> "Remembering our traditional medicine wheel, which includes psychological, spiritual/cultural, physical and emotional areas, seems to work best for many of us. . . At Hey-way'-noqu' we address all these areas, having expectations that both staff and clients will include the medicine wheel in their lives."[21]

3. Gaps and Obstacles in Policies, Programs and Services

Barriers to Accessing Services

There are unquestionably serious barriers to aboriginal people in accessing mainstream services. These services usually do not have aboriginal staff or volunteer participation, nor are there usually programs offered that are designed by and for aboriginal people. This means that aboriginal people may encounter racism and lack of understanding in mainstream services. This racism and

The justice system has done little to protect [aboriginal women and their children] from any of these [domestic] assaults.
– The Report of the Aboriginal Justice Inquiry of Manitoba

lack of understanding can result in inappropriate service responses or in no service response at all.

Aboriginal people may fear seeking intervention from mainstream services which can be both insensitive and overly intrusive. The experience of aboriginal people with, for example, the child welfare system has been grim. Apprehension of aboriginal children by social services and placement of those children with non-aboriginal families was routine until recent years.

The Wife Assault Conference held in 1991 by the Urban Native Education Society identified the following problems with existing services:

- victim blaming by police, frontline and community workers including native organizations, band offices, tribal councils, the Ministry of Social Services, and courts;
- racism within the institutions, including the Ministry of Social Services, police, courts, aboriginal and non-aboriginal organizations; and
- the violence offenders encounter in the justice system makes aboriginal women reluctant to take complaints to the police.[22]

Recommendations from that Conference were recorded by members of the committee which is currently revising the wife assault policy of the Ministry of Attorney General.

Inadequacies of Programs and Services

In larger urban areas (Prince George) there are many agencies, Sexual Assault Centre, Elizabeth Fry Society, Transition Home, Victims Services often providing similar services, while in remote rural areas few services are available. In isolated areas our workers provide the only services.
– Northern Native Family Services, submission to the Task Force

The prevalence of family violence among aboriginal communities and the inadequacy of the services and programs currently in place result in a situation of desperate need for aboriginal people.

The situation in isolated communities is particularly difficult:

> "To be very frank, the situation in Dease Lake is appalling . . . There are very few services available. No A.A., no Social Services, no Drug and Alcohol Counsellor . . . A psychologist comes every six weeks . . . A doctor is provided on a rotating basis with a change every month . . . community members feel frustrated going to the doctor about depression,

anxiety, stress, abuse, because next month they will have to tell their story again, and then again the next month and the month after."[23]

Lack of Coordination

Our community at present does not have a mental health worker. A needs assessment done by a local person, hired by the Mental Health Board, has defined the need as being extremely necessary for the coordination and integration of the services that are available at the present time.
– Nak'azdlie Band Council, submission to the B.C. Royal Commission on Health Care and Costs

As well as a stark lack of services, another problem identified by many aboriginal groups is lack of coordination of services. This makes it very difficult for people to access existing services. A common or "one-window" approach to delivery of services has been suggested by both the Nuu-chah-nulth Health Board and the Native Mental Health Association of Canada. The Mid-Island Tribal Council, in responding to the Task Force's question, "Do organizations work well together in your community to provide a coordinated response to family violence?", wrote:

> "No – often there are issues around what each agency does. There are many jurisdictional issues in dealing with native families."

Jurisdictional Problems

At the expense of the health of Carrier and Sekani people the federal and provincial governments have consistently argued that the other is responsible for the delivery of health services to our people.
– Carrier-Sekani Tribal Council, submission to the B.C. Royal Commission on Health Care and Costs

Lack of clarity in the division of responsibilities towards aboriginal people between the federal and provincial governments is another obstacle to coordination of services. The Task Force was told many times about the frustration and gaps in service caused by this jurisdictional confusion. Many aboriginal people identify this confusion as an important reason why so little gets done to address social and health problems in their communities.

Funding Problems

An additional coordination problem is posed by the fragmentation of funding sources for family violence initiatives. Manoeuvering through this maze is time-consuming and frustrating and can cause inappropriate rivalries among organizations.

As the Nuu-chah-nulth Health Board writes:

> "For a native organization trying to deliver a comprehensive, wholistic health care service, a great

First Nations and Inuit consider health to be a profoundly political issue and that the present state of ill-health among First Nations peoples and Inuit is a reflection of their placement in the social and political structure of Canadian society.
– Agenda for First Nations and Inuit Mental Health, 1991

deal of energy is expended trying to meet the requirements of a multitude of agencies for proposals, reports, and evaluations to meet their specific goals, rather than actually delivering the services."[24]

In addition, rural and isolated communities have a difficult time competing for funding with larger and often more sophisticated organizations from larger centres. Accommodation should be made for the disadvantages these smaller communities work under when funding proposals are called for or reviewed.

The Task Force has begun to address this problem in part by initiating the development of an integrated funding model. See the Defining the Issues chapter for more discussion of this project.

Needed Programs and Services

Submissions to the Task Force and to the B.C. Royal Commission on Health Care and Costs called urgently for more and better services, including wholistic responses to family and sexual violence; treatment and counselling for victims and abusers, including young abusers caught in multi-generational abuse; more funding for safe homes and transition houses accessible to aboriginal women; greater adherence to the Ministry of Attorney General wife assault policy (see Appendix 11); alternatives to incarceration for abusive men; alcohol and drug programs that are related to family and sexual violence issues; community-based training for aboriginal service providers in their own communities; training for social workers, Crown counsel and judges that takes account of the aboriginal perspective; parenting courses that are relevant and accessible to aboriginal parents, particularly young single mothers; cross-cultural awareness programs; and networking systems that include R.C.M.P., Ministries of Social Services and Health, Probation and Family Court Services, and Alcohol and Drug Programs to establish case management approaches that would help support families.

What is working is the start of education of families and counsellors.
– Mid-Island Tribal Council, submission to the Task Force

Respondents identified the need to develop incentives for trained professionals to relocate and to remain for longer periods in remote and rural areas. The problems of lack of services and lack of trained service providers in isolated areas was pointed out to the Task Force time and time again. Presenters to the Task Force expressed concern about the need to train aboriginal people to fulfill the many essential service roles that need to be filled as aboriginal communities take control of their own services.

Developing Solutions

The Task Force strongly believes that it is aboriginal people who must find solutions that respect traditional values and meet the needs of both victims and communities.

> "It's the Indian people themselves who have to identify the problem and it's the Indian people who have to define what the solution is. Sometimes, in trying to stop the pain, communities and families are split apart, but ultimately our people have to come together. They realize that by standing on their own two feet it makes our communities stronger. The rich history of our own culture is what is going to hold us up. The answer has to come from our own people."[25]

Recommendations for change from aboriginal people are included in Appendix 21.

Community Control

The provincial government recently recognized the political legitimacy of aboriginal self-government. Aboriginal control over programs and services for aboriginal people is clearly linked to the movement toward self-government. Recommendations from the Final Report of the Premier's Council on Native Affairs dealing with community control are included in Appendix 21.

For example, there are now four child welfare services agreements between bands or tribal councils and the Ministry of Social Services. Tribal councils are also creating peace keeping forces and developing other alternatives to the mainstream justice system in some parts of the province. See Appendix 22 for a description of aboriginal community-based initiatives and systems-based services to aboriginal people.

Choice of Services and Programs

It is the position of the Task Force that aboriginal people must have a choice between programs and services that are designed and controlled specifically by and for aboriginal people and mainstream services which are sensitive to the needs of aboriginal people and truly accessible to them.

Participation in Mainstream Services

The Task Force has been told that in some cases one third of the women who use transition houses and sexual assault centres outside the urban areas are aboriginal. Staff and volunteers of these and other services do not reflect the aboriginal populations in the communities they serve. These services are trying to become more responsive to the needs of the aboriginal women who use them but, as pointed out above, much more needs to be done. The only way this can be done successfully is for aboriginal people to be at the table when decisions are made about the assessment, development and implementation of mainstream programs and services and for everyone involved to be committed to making mainstream services truly accessible for aboriginal people.

Developing Options

The enormity of the challenge of creating appropriate service responses to the needs of aboriginal people was obvious to the Task Force from the beginning. The Ministry of Aboriginal Affairs has initiated a project to develop comprehensive models and guidelines for delivery of services to aboriginal people for the prevention of family and sexual violence.

Several models will be developed based on work being done by an aboriginal researcher working directly with aboriginal communities and reporting back to the Ministry of Aboriginal Affairs. Aboriginal communities, like all communities, vary tremendously in the kinds of solutions that will work for them.

The objectives of the project are:

- to identify and describe a variety of models which would be appropriate for the delivery of effective, accessible, wholistic and coordinated services for aboriginal people to be delivered through the aboriginal community;
- to have a basic set of principles, guidelines and standards for the delivery of services to aboriginal people, developed by aboriginal people; and
- to develop a strategic plan for the achievement of effective coordination of a comprehensive service delivery model.

The Task Force knows that it cannot speak for aboriginal people. The work described above has begun. The Task Force has made recommendations to make mainstream services more accessible to aboriginal people and expects that work to start very soon. We are also urging that a parallel, aboriginal-specific process begin, to further assess and make recommendations to address the needs of aboriginal people regarding family and sexual violence.

ENDNOTES

[1] Helping Spirit Lodge, *Beyond Violence.* Vancouver, B.C., 1990, p. 8.

[2] Helping Spirit Lodge, 1990, p. 9. Eighty-three percent of the respondents indicated that it was the wife was most often abused; 80% indicated that it was the children; and 12% indicated that it was the husband who was the most often abused.

[3] *Report of the Aboriginal Justice Inquiry of Manitoba.* Winnipeg: Queen's Printer, 1991, Vol. 1, p. 476

[4] Ontario Native Women's Association, *Breaking Free: A Proposal for Change to Aboriginal Family Violence.* Thunder Bay, Ontario, 1989, p.19.

[5] B.C. Royal Commission on Health Care Costs, *Closer to Home,* 1991, p. C-7.

[6] Mary Cooper, Anne Marie Karlberg and Lorretta Pelletier Adams, *Aboriginal Suicide in British Columbia.* Burnaby, B.C.: B.C. Institute on Family Violence Society, 1991, p. 3.

[7] Ministry of Native Affairs, Government of British Columbia, *The Aboriginal Peoples of British Columbia: A Profile,* 1990, p.6.

[8] *Ibid.,* p. 1.

[9] *Ibid,* pp.4, 24.

[10] *Ibid.,* p. 4.

[11] Carrier-Sekani Tribal Council Conference Report, *Breaking the Silence: Combating Family Violence.* Prince George, B.C.: Carrier-Sekani Tribal Council, 1990, p.17.

[12] *Healing Ourselves and Our Communities: Advanced Training in the Healing Arts*, a workshop presented by the Professional Native Women's Association, 1991.

[13] Claudette Dumont-Smith and Pauline Sioui Labelle, *National Family Violence Abuse Study/Evaluation.* Indian and Inuit Nurses of Canada, 1991, p.1.

[14] Smith and Labelle, 1991, p.8.

[15] *Report of the Aboriginal Justice Inquiry of Manitoba, p 475.*

[16] Panel Presentation "The Voices of Canadian Women" at the National Symposium on Women, the Law, and the Administration of Justice, June, 1991.

[17] Hugh Breaker, lawyer, Nuu-Chah-Nulth Tribal Council, quoted in the Carrier-Sekani Tribal Council Conference Report, *Breaking the Silence: Combating Family Violence,* p. 21.

[18] *Breaking the Silence,* p.11.

[19] Submission to the B.C. Royal Commission on Health Care and Costs, p. 5.

[20] Health and Welfare Canada, *Agenda for First Nations and Inuit Mental Health, 1991,* p. 17.

[21] Submission to B.C. Royal Commission on Health Care and Costs.

[22] Freda Ens, "Strengthening the Circle," presentation to the Task Force.

[23] Submission concerning the Nechako region to the B.C. Royal Commission on Health Care and Costs.

[24] Submission to the B.C. Royal Commission on Health Care and Costs, p. 19.

[25] Hugh Breaker, quoted in *Breaking the Silence,* p. 21

IX. Immigrants and Refugees

1. Dimensions of the Problem

"No culture condones violence"

– Shashi Assanand, Immigrant and Visible Minority Women of B.C., presentation to the Task Force

Incidence

There are no comprehensive statistics of the incidence of family violence within B.C.'s immigrant and refugee communities.

Cultural workers report that family violence occurs within minority cultures just as it does within the dominant culture. Family violence crosses all cultural as well as socio-economic boundaries in our society.

Immigrants and refugees face specific barriers in dealing with family and sexual violence.

One of those barriers is language. Many immigrants and refugees do not have English as their first language, and this limits their access to services of almost every kind.

A second barrier is lack of familiarity with Canadian bureaucracies: the immigration bureaucracy, the social services and health systems, and the legal system.

A third barrier is lack of financial independence. Many immigrants and refugees are not economically independent, and rely on relatives. They are often not eligible for welfare and so can rely only on relatives for financial help in a crisis.

Some immigrants are people of colour and some are not. If they are people of colour, racism can be another major barrier when they are dealing with services that are available to them in Canada.

Immigrants and refugees experience the stresses of acculturation, including a change of roles and expectations, along with possible social isolation and homesickness. Some have been forced to leave their families or parts of their families behind them in war-torn countries. Or they may have lost their entire or part of their extended family through war and political upheaval.

As the primary caregivers within the family, women may also be dealing with the stresses of other family members, including both elderly parents and children.

Children have to meet the challenges of adapting to a new school system, loneliness, and confusion about values.

Elderly people may find it difficult to adapt to new customs. They may experience a change in status which means that they are no longer revered as they were in their country of origin.

A woman, a child or an elderly person who is facing these difficulties and who is also dealing with family or sexual violence is in an acute crisis situation.

This chapter examines the possibilities of abused women, children and the elderly who are immigrants or refugees accessing needed services, either in terms of prevention or intervention.

Definition

The society of British Columbia is composed of people from many different cultures and nations. All of these groups, except for aboriginal people, are immigrant groups.

Each group has a distinct history, social context, and set of values. One culture, the English-speaking Euro-centred culture, is this province's dominant culture, because it holds most of the economic and political power.

The Task Force rejects as inaccurate the claim that in Canada, and in British Columbia, all cultures have equal merit and status in society, and that none has more power than another. This official policy of multiculturalism may describe an ideal situation. It does not describe reality.

In fact, the terms "multicultural" and "ethno-cultural" are usually used to refer to every culture except the dominant culture (which is often identified as the "mainstream") and aboriginal people, although sometimes aboriginal people are mistakenly included in these terms.

This usage disguises the fact that the dominant culture also has its own distinct history, social context and values. It suggests that the dominant, Anglophone, Euro-centred culture is the "normal" one.

The Task Force uses the term "cultural minorities" to refer to cultures other than the dominant one and aboriginal peoples. We do so in full recognition of the difficulties of this term. Groups that are cultural minorities in this province are not cultural minorities in world terms.

In this chapter we use the term "multi-minority services" to describe those services that are directed at a number of cultural minorities. We use the term "culturally-specific services" to describe those services directed at a specific cultural minority.

Within B.C., cultural minorities include, among others, the Caribbean Canadians, Central and Latin American Canadians, Chinese Canadians, Icelandic Canadians, Iranian Canadians, Japanese Canadians, Portuguese Canadians, South Asian Canadians, Turkish Canadians and Vietnamese Canadians.

Some of these cultural minorities have lived in this province for generations; others are immigrants and refugees. Often members of cultural minorities who are people of colour are identified as "immigrants" for decades after they have become Canadians.

We use the term "dominant culture" in full recognition of the fact that this, too, is a difficult umbrella term. An English-speaking woman may be seen to be a member of the dominant culture. But her mother might be from the Ukraine and her father from Greece; she may or may not speak Ukrainian or Greek at home. Culture is multi-layered and complex, and the generalizations often do not fit.

There are many factors that determine any individual's participation in the dominant culture. Race, gender, age, education, religion, health, sexual orientation, occupation, and income level are just some of those factors. A working-class woman of Chinese heritage, whose family has lived in British Columbia for more than 100 years may be seen as an "outsider" to the dominant culture, while a professional Englishman who has been here for six months may be seen as an "insider."

Dynamics of Family and Sexual Violence Within Minority Cultures

Language

Statistics Canada figures indicate that more women than men who immigrate to Canada do not speak either of the official languages. While some are university educated, and bi- or multi-lingual, many have limited education and very little spoken English. For example, approximately 48% of immigrant women entering Canada from 1980 to 1985 did not speak either official language. In 1986, 64% of the population entering British Columbia who were unable to speak English were women. A study conducted by the provincial government in March 1991 entitled *Identification of Current Needs and Issues Related to the Delivery of Adult ESL Instruction in British Columbia* discovered that nearly twice as many women as men are unable to speak English at all in British Columbia, even though the proportion of men and women immigrating to the province over the past decade has been roughly equivalent.[1]

For a woman who is a victim of family or sexual violence, gaining access to protection and safety is extremely difficult, if not impossible, given this language barrier.

The first difficulty is finding out that services are available, when information about those services is for the most part in English.

This access to information is all the more problematic when there were no corresponding services of this nature in the woman's country of origin, where people relied on the traditional support system of the extended family. An abused woman may not even be familiar with the possibility of such services existing.

Suppose the woman does find out, for example, that the legal system in this province offers protection and intervention in cases of family violence. She may decide to call the police.

Police officers may not be able to speak to her in her own language. Very often they speak to whoever is at the home who can speak English. Family members may collude in preventing the woman from telling the police what has happened.

The language barrier is a problem at all levels of the criminal justice system. Unless the staff of that particular criminal justice service – Crown counsel, for example – speak the woman's language, an interpreter has to be used. Court-appointed interpreters may or may not present the woman's words, or the court personnel's words, without introducing their own particular biases. A court-appointed interpreter may not speak the woman's dialect, and may miss nuances. Or he or she may have personal opinions about how women ought to deal with physical and sexual violence.

Presenters reminded the Task Force of the importance of cultural, rather than literal, translation.

In smaller communities the court interpreter may be a respected member of the woman's cultural community. The woman may feel particularly intimidated about exposing a family problem to a community leader. She may also be afraid that the whole community will find out.

> *In many informal situations the "interpreter" is not translating. He or she is simply giving his or her own version of events . . .*
>
> *In some cases, the interpreter may be editing the exchange . . . he or she may want to give the woman some advice of his or her own.*
>
> – Gayla Reid, *Working Together to End Wife Assault*

Language barriers are equally present when the woman seeks help from social workers, counsellors, teachers, doctors, and religious leaders who may not speak the woman's language. They may not have the tools to communicate with the woman about what her options are.

In addition, the woman's cultural context may be unknown to the service provider or even to a langauge interpreter. For this reason, cultural translation can be an invaluable service. The use of cultural interpreters is discussed under Violence Prevention, below, in this chapter.

If communication is successful, the woman may be referred to a transition house, or a sexual assault centre, or another community agency. Staff of these agencies are also often unable to speak with her in her own language.

If the woman does speak English as a second language, she may use her first language for emotional and intimate matters. Moreover, bi- and multi-lingual people typically move into their first language in times of great stress.

> *Imagine how it feels to be in a transition house, and not to have anyone else there who speaks your language. Think of the effort it takes not to feel totally overcome by isolation. Then imagine trying to communicate deeply emotional matters, such as the pain of battering, through an interpreter.*
>
> – Worker with the Vietnamese community

Language barriers are also extremely important if a woman is thinking about leaving an abusive relationship. Without language skills, access to employment is limited. Those immigrant women who do work outside the home often do so in "ghettoized" jobs with low wages and no benefits. Locked into marginalized employment with other immigrants, they have few opportunities of learning a new language.

The problem of language education for immigrant women has been well documented in other reports.[2] Immigrant women's groups have repeatedly pressured for better access for immigrant women to language training. In 1986, the *Annual Report of the Canadian Human Rights Commission* noted that immigrant women are discriminated against in the provision of language training.[3]

Violence against women exists in every society in the world where the male-headed family structure prevails."
– Fran P. Hoskins, *Women's International Network News*

. . . in a social structure in which men are given almost total familial authority, and in which masculinity is closely associated with control over others, and in which both sexes' identities and self-esteem are closely tied to prescribed social roles, a great deal of secrecy often surrounds the fact of domestic violence within a family.
– Amor Sin Violencia, Family Services of Greater Vancouver

The confusion over norms and the threatening of traditional cultural expectations leads some males to violence as a means of asserting or maintaining control over the family.
– OASIS, submission to the Task Force

Family problems are considered personal and private. Solutions are sought within the family, or sometimes with the assistance of close friends. However, in most cases, the doors are firmly closed to involvement by outsiders, including professionals.
– Cross-Cultural Caring, The Cambodians and Laotians

Cultural Similarities and Differences

Male dominance

Women from the dominant culture and from minority cultures are similarly brought up to recognize that males hold power and control in society and in the home.

Presenters to the Task Force explained that in cultures where men traditionally hold exclusive rights to decision-making and earning, and where men expect to exercise tight control over the behaviour of the women in the family, these expectations are not so much weakened as confused and threatened after the family's immigration to Canada.

Male violence is not openly accepted in any culture. But it is tacitly condoned in many minority cultures, just as it is in the dominant culture. Cultural norms of male dominance provide support for the man who is abusing.

The Task Force heard that in very many societies, women are expected by men to be subordinate to them, to be virtuous, gentle, modest, patient, long-suffering and obedient, and to sacrifice themselves for their family, always putting the family's needs and wishes ahead of their own. If a woman leaves an abusive relationship, she has "failed" to be a good woman.

Privacy

A woman incurs social "shame" and brings disgrace to the good name of the family by involving outside agencies in family matters.

This value is one that is held by the dominant culture as well as by the minority cultures. It holds particular importance, however, in cultures where the extended family remains centrally important.

The idea that family problems are private and personal allows violence within the home both to occur and to escalate. A researcher on wife assault in the Chinese-Canadian community of Vancouver said in 1985:[4]

> "Seeking outside or state assistance is largely unacceptable, since problem-solving is supposed to occur primarily within the family. Exposing a problem to an outsider may be regarded as a shameful act because it is a statement that the elders have failed the family . . . often, by the time [families] approach

outside resources for help, the problems have reached calamitous proportions."

If the assaulted wife leaves the family, she has to bear the guilt that she was the one who initiated the separation and divorce which results in a broken family. She may also have to face pressure from her own family and relatives. They may blame her for not enduring the situation and sacrificing her own interests, for the sake of having the family together.
– Joyce Yue, SUCCESS, submission to the Task Force

The Extended Family

In those cultures where the extended family is still the most important unit in society, understanding how women are located within the extended family is the key to understanding how women deal with family violence. Within the extended family system, identity is defined by membership within the family. Primary value is placed upon interdependence, cooperation, and loyalty to the family. Each member is expected to put the family's needs ahead of individual desires.

The extended family remains of central importance in many cultural communities, and retains its social and psychological significance for its members. Even where extended family members do not actually live together under one roof, their sentiments and behaviour continue to be shaped by the extended family .

When it works well, the extended family is supportive of women's, children's and elderly people's needs. Children are surrounded by adults who accept responsibility for them. The elderly are respected and valued for what they have contributed and what they continue to contribute to the family. The strong bonds of the family provide emotional security, and shared resources provide economic security.

When women, or children, or the elderly are abused or neglected, however, the extended family structure can reinforce the abuse or neglect, and collude in keeping it hidden.

A woman within an extended family may be under specific pressures not to complain about the violence. For example, if the violence is directed against her personally, she may believe that it is her duty to accept and endure her fate. If the physical or sexual violence is against either herself or her children, she knows that disclosure may bring disgrace to her own family, as well as to her husband's family. She may believe that disclosure will irreparably damage her children.

There may be no prospect of finding a suitable husband for a daughter who has been sexually abused. And a daughter's prospects of making a suitable marriage within the community will be jeopardized by having a

For a woman who has lived her entire life in an extended family, the idea that she should move out, get an apartment, live on her own, get the phone on, apply for welfare, look for work, and so on is very, very stressful. It's like giving her a rowboat and oars and saying, Now row across the Pacific.
– Shashi Assanand, Immigrant and Visible Minority Women of B.C., presentation to the Task Force

mother who has left a marriage.

Fear about what will happen to the children is always a primary reason why women do not leave the abuser, and this is particularly true for women from minority cultures.

A woman who discloses abuse may fear that she will be forced to sever her ties with her community, her roots and her identity. She may have absolutely no prospects of finding a new partner from within the community.

The community may perceive her as being disloyal, or "spoiled goods," and may ostracize her and her children. Moreover, the community may have a code of loyalty which causes it to protect an offending individual in order to preserve the community's reputation.

If the woman does decide to leave the abusive situation, she has to develop an entirely new approach to life at a time when her self-esteem has been undermined by the abuse. Her skills of cooperation and interdependence have to be replaced with new ones of self-reliance and independence. She may also be unable to draw upon her own savings, even if she has been working outside the home, because the family members may have pooled all of their finances.

The dynamics of the extended family may work to protect the woman. For example, a mother-in-law may intervene to stop the violence. On the other hand, members of the husband's extended family may take the abuser's side, and may take part in or encourage the abuse. Extended family members may themselves be the abusers.

This can be particularly devastating if the woman has left her own extended family of origin to come to Canada to marry into her husband's family. If the culturally acceptable way to deal with the abuse is to appeal to one's own family members for support, the woman is left without resources.

The Task Force learned that there are increasing cases of an immigrant woman losing custody of the children because her husband's extended family can provide a support system for the children.

Not all immigrants live in extended families here in Canada. Newer refugee communities, such as Latin Americans, often live in nuclear families. As a consequence, they do not experience the same pressure to keep an abusive marriage together. On the other hand, when women leave the marriage they are usually isolated and have no relatives for support.

Acculturation

Adapting to a new life in a new country is a very complex experience. The Task Force was told that the norms of greater equality for women, teenage dating, love matches rather than arranged marriages, and double-income families can all threaten families from more traditional cultures.

For example, a woman may work outside the home for the first time, and her husband may find himself at home, taking care of the children. He may take out his frustration and humiliation by abusing his wife, or the children, or elderly family members.

Intergenerational tensions are a common part of the acculturation process, as family members adapt to the changing situation at varying rates. This may strain their relationships. Their expectations concerning gender roles, disciplining children, etc., may be different. When children are educated in Canadian schools, they are likely to question parental authority, and may suffer physical abuse as a result. Sometimes the children may verbally or physically abuse older members of the family.

Parents who have themselves been brought up to see harsh physical punishment as an acceptable form of discipline may feel confused and guilty when their behaviour is challenged by members of the dominant culture.

The elderly members of an extended family are accustomed to being treated with a high degree of respect in their home country. Once they are in Canada they may find themselves expected to act as babysitters or housekeepers for young parents who have adopted some of the values of their new country. This role reversal – having to provide care when they themselves expected to be taken care of – can cause anxiety, confusion and emotional pain.

Once their usefulness as a housekeeper or babysitter has passed, through their aging or that of the children, they may be considered a burden to the family. An elderly person in this situation may become particularly vulnerable to abuse or neglect.

Elderly people who are sponsored by their adult children may be economically unable to leave the abusive situation.

Acculturation is an exceptionally stressful process when it is happening within the context of dealing with physical or sexual abuse. For example, a woman from a minority culture may find herself in a support group at a transition house. The therapeutic model – of disclosure in a group setting – may be completely foreign to her, and very difficult.

Fear of Authority Figures

If women come from countries where men in uniform murder their families, they are unlikely to trust authority figures, especially the police.

In an Ontario study, 62.2% of the battered immigrant women interviewed cited "fear that I will lose everything (house, children, reputation, everything I have worked for) once I involve the police" as a "somewhat or very important reason" for not calling the police.[5]

In this same study, 42.5% of the women cited "fear that husband/partner will be brutalized/victimized by police" as a "somewhat or very important reason" for not calling the police.[6]

A comparative justice systems research project is currently under way at the Law Courts Education Society of B.C., which is looking at perceptions of the justice system within the Chinese, South Asian and Latin American communities. It indicates that fear of authority figures and fear of reprisals are significant barriers to using the legal system.[7] For a woman who has been abused, or whose child has been abused, these barriers are all the more formidable.

Refugees

A battered refugee woman may have wanted to leave the marriage while she was in the refugee camp, but immigration to Canada takes a lot longer if the family unit breaks up. She may have stayed in the relationship for that reason.
– Gayla Reid, *Working Together to End Wife Assault*

Acculturation is an especially difficult process for refugees.[8] Refugees face the greatest sense of loss, and are the least likely of any immigrants to have English language skills.

Presenters to the Task Force explained that social violence in the country of origin has a profound effect upon refugees whose lives have been violated. Refugees have often lived under violent social conditions, and may have witnessed or experienced torture, rape, murder, and many other forms of devastating brutality. Some have lost family members and loved ones through violence.

Orientation programs for refugees need to look at their experiences in their country of origin, and their own culture's attitudes about the use of force to solve problems. This would provide a grounding for comparing social experience and legal rights in the country of origin with those in Canada.

A woman who is a refugee and who is sexually or physically assaulted may also be dealing with the stress of the refugee experience, including the severe psychological trauma of war or tyranny in her country of origin. Very often, particularly if she has been in a refugee camp, she is dealing with the trauma of previous sexual assaults as well.

Abusers who are survivors of extreme social violence in their countries of origin need culturally sensitive treatment programs that take this experience into account, not in order to excuse their behaviour but to address it in the content of their own experience.

Workers have described cases where the day the man gets his permanent residence status, he begins to abuse his wife, who sponsored him.
– Gayla Reid, *Working Together to End Wife Assault*

Immigration Status

More women than men enter Canada as sponsored immigrants. Abused women who have been sponsored by their husbands may avoid seeking help because they mistakenly believe they can lose their status as a landed immigrant. Similarly, elderly people, who are most often sponsored by their children, may be afraid to say anything about abuse or neglect.

Prior to receiving landed status, a person who is awaiting sponsorship can lose her opportunity to become a landed immigrant if the person who is trying to sponsor her withdraws his application for sponsorship.

The sponsored woman or elderly person is usually dependent upon the abuser for her economic survival.

Especially if the abused person does not speak English as her first language, the immigration categories, such as "permanent residency status," can be confusing. Furthermore, often the decision to come to Canada has been made by the husband or the woman's family, not by the woman herself.

Research conducted in Ontario found that many sponsored immigrant women "do not understand their immigration status. They are not properly informed by the immigration official during the interview, or by their husbands, who, because they speak English, direct the interview with the official."[9]

Sponsored immigrant women are also restricted from access to social welfare programs. As a recent Department of Justice report pointed out, "When faced with spousal violence . . . sponsored women immigrants must prove that the sponsorship relationship has broken down before they can receive assistance. This requirement can discourage application for such assistance or cause delay in attaining access to urgently needed assistance and shelter."[10]

A woman may have had a marriage arranged for her, only to find out that immigration was the main motivation for the arrangement.

A woman or elderly person who is a refugee is most often afraid of being sent back to a refugee camp or country of origin if she makes any complaint about the abuse.

2. Gaps and Obstacles in Current Policies, Programs and Services

Policies and Inter-disciplinary Protocols

The provincial government has a responsibility to respond to the social, health and educational needs of all citizens of B.C.

Despite this, there are no policies specifically guiding service responses to women, children and the elderly who are immigrants and refugees.[11] In the federal/provincial division of responsibilities, services to immigrants and refugees often fall through the cracks. This is despite the fact that language training, information about rights and services, and protection and intervention in cases of family and sexual violence, are areas of acute need for immigrants and refugees.

Social Services

Services to women, children and the elderly who are dealing with physical or sexual violence are provided provincially in the following ways:

- Provincial government services, through the Ministries of Attorney General, Health, Social Services and Education, for example, are meant to include women, children and the elderly from minority cultures. In reality, however, the many cultural and language barriers prevent or hinder effective service delivery.
- Some municipalities provide specific services, and fund community agencies that address issues of violence within minority cultures.
- Some community-wide service agencies (such as the Red Cross, the United Way, and the YWCA) accept a mandate to address the needs of all citizens.
- Multi-minority services such as MOSAIC, Immigrant Services Society, Surrey-Delta Immigrant Services, and "multicultural" societies, provide services to a number of different minority cultures. There are some services specifically for refugees, including VAST, Vancouver Association for the Survivors of Torture.
- Organizations such as SUCCESS and OASIS provide services to specific cultural communities.[12]

Women must have a voice in decision-making to ensure that community-based programs are responsive to women's needs. This must occur at all levels and it must represent all women including . . . immigrant and visible minority women. Communities need to ensure that women are encouraged and supported in developing their leadership capabilities.
– Report on the Advisory Council on Community-Based Programs for Women

Multi-minority and culturally-specific agencies are under-funded and under-staffed and therefore are often unable to respond effectively to the needs of immigrant women. Moreover, most of these agencies are not specifically mandated, nor are they adequately trained to respond to family or sexual violence.

There is a debate among service providers within minority cultures about how services should best be provided.

Some see the most effective model as the one which includes all cultures within genuinely culturally-sensitive community-wide services.

Some see multi-minority services as being effective, because they are, in a sense, halfway between the person's traditional culture and the dominant culture.

Some favour a model which provides culturally specific services within the minority culture.

The Task Force takes the position that any woman, child, or elderly person, regardless of her relationship to her traditional culture, should be able to receive a service with which she feels comfortable and which is effective in assisting her. This means that a variety of service approaches should be encouraged so that a person has a choice about the kind of service she makes use of.

The Task Force also takes the position that multi-minority and culturally-specific services do not in any way duplicate services that may already exist in community-wide service models. Without multi-minority and culturally-specific services, some people will not get the services they need.

Community-wide Services

Many community-wide services, including government programs, do not currently provide services that are culturally appropriate.

Many community-wide agencies are not equipped to deal with newcomers whose first language is not English.

While there are individual staff who are cross-culturally competent (and consequently overworked), there is lack of ongoing training to ensure that all staff are sensitive to cultural differences, and skilled in cross-cultural communication.

In addition, insufficient resources mean that the hiring of workers from different cultural communities and the development of outreach projects – two strategies which might enable these agencies to become more responsive to the needs of minority cultures – are not given priority.

Community-wide agencies do not have the resources to identify and remove obstacles to service access, and to become more committed to making genuine multiculturalism a priority goal. This applies both to community-wide agencies that are systems-based (for example, provincial government and municipal government services) and those that are community-based, such as sexual assault centres, victim assistance programs, transition houses, and family services.

Staff and volunteers of transition houses, sexual assault centres and victim assistance programs do not sufficiently reflect the cultural diversity of the communities which they serve. If a community has a significant number of Chinese Canadians, for example, the agency needs to have members of the Chinese community on staff or available as volunteers to provide support and to act as interpreters.

More culturally appropriate support programs for victims of family and sexual violence need to be offered in languages other than English. This is imperative, given that people whose first language is not English may have difficulty discussing emotional issues in English, and in understanding complex information in English.

For the same reasons, more culturally appropriate offender programs need to be made available in languages other than English.

While there are some notable exceptions, it is generally the case that community-wide services are not providing culturally appropriate services.

Victims of family and sexual violence from minority cultures confront not only the trivialization and denial that are informed by sexism, they also have to contend with additional trivialization and denial that are informed by racism.

A massive commitment from government and the community is needed in order to reverse this situation.

Multi-minority Services and Culturally-specific Services

These groups are often referred to collectively as immigrant-serving agencies. This is a misnomer, given that they serve large numbers of Canadian citizens.

These so-called immigrant-serving agencies offer a range of programs, from support groups to advocacy. They also play a crucial role in identifying issues that need to be addressed by community-wide agencies, including government. Staff of these agencies are routinely overworked, as they endeavour to address a multitude of urgent issues, including violence within families.

Services are extended to the abusers as well as victims. MOSAIC, for example, has a program for abusive men in the South Asian community, and a partner program for abused women.

Workers in these agencies identified many needs to the Task Force. A major area of concern was the lack of bilingual counsellors, both for abused women and children, and for abusive men. Presenters told the Task Force of the need to provide parents with alternate parenting skills, and of the need to provide culturally sensitive services to abusive men who have come to

Canada from situations of war and violence.

Lack of coordination among community-wide agencies, multi-minority services and culturally-specific services was also identified as a significant obstacle to the provision of effective services.

A Multicultural Advisory Committee has been set up to advise the Minister Responsible for Multiculturalism and Human Rights on multicultural issues. However, only a minority of its members are women.

The development of the Lower Mainland Multicultural Family Support Services, a multi-minority service which opened its doors in Burnaby last December, will also be an important development in providing culturally sensitive services. Workers who speak a number of different languages will be able to provide both support and advocacy services to members of their own communities.

Women, children and the elderly from minority cultures who live outside of the metropolitan areas often do not have any access to services in their own language. The possibility of their accessing community-wide services is severely restricted by the inability of staff in those agencies either to speak languages other than English, or to relate to the realities of minority cultures.

Justice System

A recent research study of court registry users, including those at the New Westminster courthouse, indicated that users are overwhelmingly from the dominant culture.[13] This is despite the fact that the court registry is located in a community with large numbers of Canadians from minority cultures.

These research results point to a system-wide problem: the intimidating nature of the justice system to everyone outside the dominant culture. This remains true despite the efforts of dedicated individuals throughout the system who are committed to increasing accessibility to all.

Police

While police receive some cross-cultural training, it is not extensive and it does not focus on family and sexual violence issues, at either the recruit or the advanced level. Police officers may not be aware of the fear of

[We need] understanding by all support services (including RCMP) that response to family and sexual violence [should] be the same in visible minority cases in the community as in "white" cases – that it's a crime no matter what the cultural differences.
– Golden Women's Resource Centre, submission to the Task Force

authority that they might encounter when investigating physical and sexual violence as it relates to members of minority cultures.

They may also have some prejudices about specific communities' practices around violence, and use that as an excuse not to intervene appropriately. They may believe, for example, that wife beating is an accepted cultural practice in some communities and that therefore they are not obliged to take action. Or they may believe that child sexual abuse never takes place within a particular minority culture, and fail to take action.

They may also lack awareness of cultural cues. An abused woman who calls police to report physical or sexual violence may come from a culture which values impassive facial expressions and controlled body movements. The police may misinterpret this behaviour as a sign that the situation is not serious.

Some of this insensitivity is due to lack of training. Some of it is due to lack of time. Police officers who are feeling pressed to proceed to their next call, may not take the time that is necessary to find out exactly what is going on in a manner that is sensitive to the cultural context in which it is occurring.

The police, like other justice system personnel, are drawn largely from the dominant culture. The Vancouver Police Department has recently begun a program of affirmative action recruitment to increase the number of officers from minority cultures.

The Vancouver Police Department has a multicultural liaison committee, as does the Police Services Branch of the Ministry of Attorney General, but neither deals specifically with the issues of family violence. A police multicultural liaison committee that has a special focus on family and sexual violence, and where women are represented equally with men, might be effective in many communities.

Court Interpreters

There are currently no uniform province-wide training courses for court interpreters. There is widespread agreement among interpreters that standardized training and accreditation is essential. When they are established, such training courses would need to include mandatory components on sensitization to the complex dynamics of family violence issues.

Another issue concerning translation is the need for interpreters who can interpret the cultural context of the people involved. Cultural interpreters are discussed under Violence Prevention Education below.

Crown Counsel

Crown counsel receive no specific cross-cultural sensitivity training in relation to cases of family and sexual violence. They also have no specific training on the pitfalls of communicating through interpreters about matters that are considered by many cultures to be inherently private, family matters. Crown, like police, may fail to pick up on cultural cues, and may bring their own cultural biases to the work.

The fact that Crown counsel are also primarily from the dominant culture indicates the need for immediate employment equity measures.

There is, in addition, a lack of sensitivity on the part of the Crown counsel about the need to explain the court process to women whose first language is not English, and to be clear about what is expected. Crown counsel, like police, are operating under time constraints which mean they can fail to take the time to communicate appropriately with victim/witnesses who do not speak English.

. . . there is need for greater cross-cultural training of all members of the legal profession and the introduction of multicultural concerns into the curricula of all legal education courses to equip lawyers to seek better outcomes for members of cultural minorities.
– Report on Multiculturalism and Access to Justice

Legal Aid

Refugees can obtain legal aid for representation at hearings. However, the other legal needs of immigrants and refugees are not being met. The legal aid tariff discriminates against people for whom English is a second language, because it provides no extra money to cases that require an interpreter. Given that these cases take much longer than others, many lawyers do not want to take them.

Judiciary

The judiciary receives no specific cross-cultural training in dealing with cases of family and sexual violence. Members of the judiciary, even more than Crown counsel and police, are overwhelmingly drawn from the ranks of the dominant culture. Visible minorities are seriously

There is particular concern about the implications of the homogeneous character of our judiciary in terms of gender and race and the appearance of bias and possible systemic discrimination.
– Report on Multiculturalism and Access to Justice

under-represented, as are women.

Without cross-cultural training judges may be unable to identify and understand cultural differences, or may think they see differences where they do not exist. They may not be able to ensure that the victim/witness understands what is happening to her.

Violence Prevention Education

The Task Force was told by representatives of minority cultures that identifying and dealing with the problems of family and sexual violence and educating people about their rights and obligations require a flexible, community-based response. Members of minority cultures need culturally appropriate education services that raise public awareness about issues of family and sexual violence within their own cultural community. They need to be informed about existing family violence services, and given the information required to access those services when the need arises.

In terms of resource materials, the Task Force was told that there are very few available in languages other than English. This is an important gap, given the necessity to inform newcomers of their rights and responsibilities, and of the laws and policies around physical and sexual violence.[14]

The Task Force was also told that if materials are translated from English, they also need to be translated appropriately in cultural terms, so that they are accessible and comprehensible to their readers.[15]

Cultural translators are able to translate both the language and the cultural context of the client when translating for a client to a service provider. The cultural translator is also trained in the issues and subject matter of the area in which the dialogue is taking place. For example, cultural translators who work in wife assault services are trained in the dynamics of wife assault. The Ministry of Citizenship of the government of Ontario has developed training and public education materials on cultural translation and funds cultural translators to work with battered women's services. British Columbia should address the need for cultural translation.

Many opportunities for prevention and education among minority cultures are currently missed. For example, ESL core curricula for men and women who are newcomers to Canada could include information about the laws on family and sexual violence. ESL core curricula for women could also include information about safety and protection.

In addition, the ethnic newspapers are a valuable, and under-utilized, resource for reaching specific populations through their own communities.

Information on family and sexual violence laws and the services available could be offered at immigrant orientation centres, including those attached to the school system, such as the Oakridge Reception Centre in Vancouver. Training could also be offered to immigrant settlement workers on the nature and dynamics of family and sexual violence, and on how to respond should they suspect some form of family violence.

Some work has been done in this area of prevention education. For example, The West Coast Reader, an ESL publication from Capilano College, has carried materials on family violence. However, there is not sufficient funding support for efforts of this kind.

Presenters to the Task Force were emphatic that cultural values must be seen and used as tools for effecting prevention, rather than viewed as additional problems.

ENDNOTES

[1] Dr. Alister Cumming, *Identification of Current Needs and Issues Related to the Delivery of Adult ESL Instruction in British Columbia.* Province of British Columbia, Ministry of Provincial Secretary and Minister Responsible for Multiculturalism and Immigration, March, 1991.

[2] In 1985, for example, language training was identified as the most urgent priority for immigrant women by a national consultation commissioned by Multiculturalism Canada, entitled *Beyond Dialogue.*

[3] Basic living allowances for Labour Market Access Language Training are not provided to members of the Family Class and Assisted Relatives. A majority of these are women.

[4] S. Ng, *An Exploratory Study on Violence Against Women in the Chinese-Canadian Family in Three Areas of the Greater Vancouver Region of British Columbia.* Ottawa: Carleton University School of Social Work, 1985, p.36.

[5] ARA Consultants, *Wife Battering Among Rural, Native and Immigrant Women.* Toronto: ARA Consultants, 1985, III-3 and IV-19.

[6] ARA Consultants, 1985, IV-19.

[7] Consultation with Evelyn Neaman, Comparative Justice Systems Project Coordinator, December 1991.

[8] The term refugees is used to include Convention Refugees as defined by the United Nations High Commission, and people in similar circumstances, including political prisoners and self-exiled people.

[9] ARA Consultants, 1985, IV-58.

[10] B. Etherington et al., *Preserving Identity By Having Many Identities: a Report on Multiculturalism and Access to Justice,* draft. Ottawa: Department of Justice, 1991, p. 94.

[11] At the federal level, the Family Violence Initiative is working with the Organization of Immigrant and Visible Minority Women on the issue of wife assault. The National Clearinghouse on Family Violence is producing a monograph on the needs of immigrant and visible minority communities, giving examples of how services can be delivered in a culturally appropriate way.

[12] OASIS: Orientation Adjustment Services for Immigrants Society. SUCCESS: The United Chinese Community Enrichment Services Society.

[13] Court Services Branch, *Public Information Needs Assessment: Court Registry Use.* Victoria: Ministry of Attorney General, 1991.

[14] The refugee information booklet, *Getting Started in Vancouver* published in English and Spanish by the Legal Services Society provides a general orientation to community services.

[15] Some useful resources are available. The Public Legal Education Society (the People's Law School) has produced some materials on family and sexual violence in different languages, as has Family Services of Vancouver, the Legal Services Society, and Vancouver WAVAW.
The Justice Institute is currently producing a handbook on wife assault from a cross-cultural perspective.

There are also a number of resources developed by agencies serving specific cultural communities. For example, SUCCESS has a video and booklet on wife assault in Cantonese, Vietnamese, and English.

X. People of Colour

1. Dimensions of the Problem

"If I were to write a book about Canada and its people, the title would be Let's Pretend, Let's Deny. *The first line would read, 'Canadians are a tolerant and compassionate people . . . at least that is what they tell me.' "*

– Rosemary Brown, "Overcoming Sexism and Racism – How?" in *Racism in Canada*

Racism is part of the everyday experience of people of colour in our society. It ranges from racist jokes and harassment, to denial of services, to violence. Whether their families have been in Canada for generations or whether they are recent immigrants, no matter what their level of achievement or cultural background, racism is a reality in the lives of people of colour.

While the dynamics of the mistreatment of immigrants, minority cultures and people of colour are similar, and one individual can be from two or all three groups, only people of colour are subjected to systemic racism. The disempowering effects of racism are compounded, magnified, and reinforced when a person of colour is also from another group that is particularly discriminated against in our society. For example, when a person of colour is also an immigrant, the discrimination directed at immigrants interacts with racism to disempower that individual in a complex and compounding way.

The dilemma for people of colour is that they are often not named as a separate group with separate needs. They are often assumed to be immigrants and treated as newcomers, no matter how long they and their families have been in B.C. The unconscious denial of racism as a unique factor in the lives of people of colour leads to a misunderstanding of their needs and realities and to inappropriate service responses.

Today, racist behaviour is against the law: it is prohibited by the Human Rights Code. British Columbians think of themselves as non-racist. But the conviction that this is not a racist society prevents people

– including people from the dominant society, service providers, and even people of colour themselves – from recognizing the ways that unconscious and systemic racism work.

For people who are abused, racism adds another painful dimension to the experience of abuse and to the problem of finding help. Currently those who work in social services and the justice system are overwhelmingly white people from the dominant culture and are untrained in recognizing or dealing with the dynamics of racism. In the absence of understanding the dynamics of racism, it will be impossible to understand and work effectively with abused women and children of colour, the men who abuse them, or the services which are developed for them.

Definition of Racism

Like sexism, racism is an abuse of power and control. Just as apparently gender free laws and policies do not protect women because they do not recognize the power imbalance between men and women, policies which are apparently racially neutral may not protect people of colour, particularly women of colour.

Racism is the systematic mistreatment of people of colour. It operates both individually and systemically. Individually, it operates in terms of the stereotypes the dominant culture has about people of colour and in terms of individual racist actions. Individual racism may be conscious and deliberate, or it may come from unconscious attitudes and assumptions about the superiority of white people.

Most people from the dominant culture make the mistake of thinking that unless a remark or an incident is deliberately designed to put a person down because of her race, that it is not racism. They believe that treating everyone the same way is not racist. In fact, without recognition, respect for, and accommodation of differences, responses are almost inevitably – though unconsciously – racist. For example when the design of a service assumes that everyone who will use it and staff it is white, English speaking, and from a European cultural background, it will not be seen as accessible, or even hospitable, to women of colour. Women and children of colour will not be able to trust that their situation is being understood.

The issue is not one of making assumptions about sameness, on the one hand, and not exaggerating or stereotyping the differences, on the other. Recognizing and respecting differences is cultural sensitivity. Exaggerating or stereotyping differences is racism.

Racism in British Columbia

B.C. has an explicitly racist history.

In the early days of the province's history, the government's main concern was to maintain white supremacy. The settlers from the British Isles felt threatened by immigration from India, China, and Japan. Beginning in the 1880's, the province passed various unconstitutional immigration acts, and disenfranchised immigrants from these countries.

By the 1920's, Canada had an exclusionist immigration policy based on race and nationality. One of the worst racist occurrences during this period was the Komagata Maru incident.

Under pressure from British Columbia, the federal government passed legislation to control immigration from India by requiring that anyone coming to Canada had to come "by continuous passage." In 1914 the Komagata Maru arrived by direct sea passage in Vancouver Harbour. More than 300 passengers were refused permission to land for two months, until finally the ship was forced to return to India.

From the 1920's to the 1950's Canada gave preference to immigrants from countries populated by white people. This exclusionary immigration policy was in place until the 1950's.

Racism and Violence Against Women

Racism and sexism operate together in the lives of women of colour. The specific experience of women of colour is made invisible by the law and the way that most of us think of the world. If a women of colour is hurt or discriminated against, it is assumed that the injury occurred solely because she is a woman (sexism) or solely because she is a person of colour (racism). The complex dynamic that compounds and reinforces both oppressions when they impact simultaneously is not recognized. The

- *The federal government passed a head tax on Chinese immigrants in 1885.*
- *From 1923 to 1947 the Chinese Immigration Act excluded Chinese immigration almost entirely.*
- *Although black people were among the earliest settlers in B.C., black people from the United States were routinely turned back after 1911.*
- *Japanese Canadians were deprived of their property and forcibly interned during the second world war.*

Human Rights Code, which does assume that discrimination can be based on more than one factor, does not recognize how this magnifies and compounds the discrimination.

Women of colour also find it difficult to identify themselves with the women's movement at this time . . . This does not mean that these women are not aware of sexism prevalent in ethnic families . . . Access to economic and political resources is a major concern . . . They do not see any point in criticizing their men or putting them down when they are as powerless as themselves.
– Vanaja Dhruvarajan, "The Multiple Oppression of Women of Colour" in *Racism in Canada*

The woman of colour may be under pressure from her community not to report incidents of sexual assault or wife assault so that the solidarity of the community is not breached. A woman of colour may then be caught between a system which is offering help to her as a woman, but is racist; and a community which provides support to her as a person of colour, but may not deal with the sexual assault or wife assault.

The issue of racism must also be examined in relation to offenders. Men of colour have to deal with racism; how this may manifest as violence against women needs to be understood, not to excuse the violence, but to effectively deal with it.

White men may victimize women of colour for reasons related to the power dynamics of both gender and race.

If a woman of colour who is victimized by sexual assault or wife assault reports abuse, she is likely to experience systemic discrimination and prejudice from the institutions to which she has turned for help. She may face not only the trivialization characteristic of treatment of abused women, but also the trivialization and disbelief which accompanies accounts of racism. This means a greater loss of personal dignity for women of colour who seek institutional services to deal with abuse.

2. Gaps and Obstacles in Current Policies, Programs and Services

Policies and Inter-disciplinary Protocols

The British Columbia government has a responsibility to respond to the social, health and educational needs of all citizens.

There are, however, no policies specifically guiding service responses to women, children and elderly people of colour who have been abused or are at risk of abuse. Similarly, there is no coordinated response to systemic racism, which undermines the accessibility and effectiveness of services to people of colour.

Services for Abused Women and Children

Abused women and children of colour encountering the social service or justice system still experience racism. Racist incidents may occur which workers are not trained to deal with. Workers may have mistaken and stereotypical attitudes. They may assume either that the woman of colour has just arrived in Canada or that she is "just like anybody else" – a colour blindness that means that the woman of colour is not seen as having unique needs. Both assumptions are conditioned by racism. The workers may have specifically negative stereotypes about the woman's colour which result in their treating women colour as inferior. Racism may operate so that the woman of colour is disbelieved, particularly if she is describing the conduct of a white person.

The training in battered women's services does occasionally include cross-cultural training and "unlearning" racism training. This is not, however, a substitute for having staff who are representative of the community which they are serving. The Task Force supports a strategy of affirmative action, within government, within police forces and within community-wide agencies.

The Task Force supports the development of community-wide services, multi-minority services and services targeted to one cultural minority community, as a comprehensive response to the situation of people of colour who are victims of family and sexual violence.

People of colour must be at the table when decisions are being made about policy, programs and services in the area of family and sexual violence.

Violence Prevention Education

The necessity for culturally appropriate education to raise public awareness within minority communities about issues of family violence is outlined in the Immigrants and Refugees chapter. Those education services must also address the issues of racism, both generally and as racism relates to family and sexual violence.

The Ministry of Education has taken some steps toward eliminating racist materials from school curricula, and is moving towards curricula which more accurately reflect minority communities. But there are currently no mandatory curriculum elements dealing with racism. The Task Force is of the view that racism must be dealt with directly in school curricula, along with issues of sexism, homophobia and issues of family and sexual violence. "Unlearning" racism training exists which focuses on recognizing and dealing with individual and systemic racism; this could be introduced into the curricula of junior and senior high schools.

XI. People with Disabilities

1. Dimensions of the Problem

Incidence

- *a DAWN Canada study of 245 women with disabilities found that:*
  - *40% had been raped, abused, or assaulted*
  - *60% of women with psychiatric disabilities had been raped, abused, or assaulted*
  - *53% of women who had been disabled at birth had been raped, abused, or assaulted*[1]
- *an Ontario study found that 47% of girls with disabilities, compared with 34% of girls without disabilities, had experienced abuse*[2]
- *people with disabilities have a 150% risk of sexual abuse and sexual assault as compared with individuals of the same sex and similar age without disabilities*[3]

"Women have been beaten, had their wheelchairs taken away and their phones smashed, and been locked in their rooms without even access to the bathroom. We have had our medications taken away or withheld until we are good girls. Women in institutions also have medications withheld as a means of discipline: we have been over-medicated, slapped, neglected and physically and sexually abused with no avenue of complaint or counselling."

– DAWN Canada: Disabled Women's Network Canada, submission to the Task Force

"Because the majority of persons with disabilities are poor and are reliant on caregivers and government agencies, power relationships play an important role in disciplining women into silence."

– B.C. Coalition of People with Disabilities, submission to the Task Force

". . . the greater the vulnerability, the greater the abuse. If disability causes abuse, so does abuse lead to disability, or exacerbate existing disability in a literally vicious cycle."

– "To bring down the barriers," by Bonnie Klein, *Kinesis,* Dec./Jan./92

"We are women. We are women with disabilities. We are women who are abused. We are your sisters. We are just like you. We have the same thoughts, the same feelings and the same passions as you have. Your issues are our issues, and each of our issues is also your issue. We are who you are. We are women."

– *Meeting Our Needs: Access Manual for Transition Houses,* by Shirley Masuda, with Jillian Ridington, DAWN Canada, 1991

Definitions

There are seven standard categories of disability:

mobility, hearing, visual, psychiatric, learning, developmental, and hidden disabilities. Hidden disabilities include such conditions as epilepsy, and haemophilia. In addition, disabilities arising from degenerative diseases such as Parkinson's disease are not necessarily covered under the standard classification system.

Terminology used to describe people with disabilities and their lives can be demeaning and negative. The Task Force has done its best to use language that is respectful and accurate and to avoid biased terminology.

Abuse of people with disabilities, like abuse of those without disabilities, can be physical, sexual, emotional or financial. It can also include deliberate neglect.

The Social Context of Abuse of People with Disabilities

Can you imagine the immense barriers facing women who are deaf, hearing impaired, have a speech impediment, are mute, have become high grade quadriplegic or have a mental disability?
– British Columbia Coalition of People with Disabilities, submission to the Task Force

It is important to point out that, while the Task Force met with and received submissions from people with disabilities and groups representing and working with people with disabilities, there was no representation of people with disabilities on the Task Force itself. The Task Force recognizes that this may have hampered its ability to understand and express the dimensions of the problem of abuse of people with disabilities and to make effective recommendations.

In the 1980's people with disabilities founded numerous organizations to work for access to benefits, opportunities, and services, to educate others about the reality of their lives, and to redress long-standing injustices. It has now become clear through the work of this movement that people with disabilities are extremely vulnerable to all forms of abuse.

Abuse of people with disabilities is perpetrated by deliberate neglect as well as by direct actions. For those people with disabilities who require the care of others for basic necessities, neglect can be as grossly abusive as any direct physical, sexual or verbal abuse.

People with disabilities are at greater risk of abuse than those without disabilities because of a complex of factors including dependency on many caregivers, isolation, physical defenselessness, and impaired communication.

Isolation is a factor with all abuse but for people with disabilities it is particularly acute. Abuse lives in secrecy and thrives in isolation. For most people with disabilities, simply getting out to socialize or participate in community life poses daunting logistical problems. If you cannot get around without the help of a companion or specialized transportation, and public spaces and events are inaccessible, isolation is virtually inevitable. People with disabilities do not generally have a community of other people or the personal support that is so necessary to self-esteem, well-being, and safety.

Imagine the magical power a deaf child attributes to her parent when he suddenly gets up for no apparent reason and goes to the door and there is someone there every time. Yet when she goes to the door there is no one there.
– Sue Melynchuk, Western Institute for the Deaf and Hard of Hearing, presentation to the Task Force

Another critical factor in the lives of people with disabilities is the extraordinary difficulty of making practical changes in one's life. For example, finding and establishing a new home in order to escape an abusive situation is a tremendous challenge if you have problems with mobility, require living space that accommodates a disability, or need home care. These obstacles isolate people with disabilities and keep them in less than adequate and sometimes harmful circumstances.

The trend in caring for people with disabilities is to provide supports to enable them to live in their own homes rather than in institutions. While such arrangements can increase autonomy and independence, they can also increase isolation and vulnerability to caregivers.

Vulnerability to violence increases with the degree of dependency and disability.

While men with disabilities are clearly disempowered relative to people without disabilities, women and children with disabilities are particularly at risk, because they lack power and independence in society as women and children just as they lack power and independence because of their disability.

The 1986 study by DAWN Canada of the needs of women with disabilities found that violence and the fear of violence were their overriding concerns. This is hardly surprising as the incidence of violence against women with disabilities is even higher than that of women without disabilities.

Abuse of women with disabilities is, like other forms of family and sexual violence, an abuse of power and control. Women with disabilities, like women without them, are abused primarily by those closest to them, people on whom they are dependent physically, emotionally, financially. The "family" of a woman with a disability is likely to include a large number of caregivers: homemakers, transport drivers, and health professionals, as well as her genetic or traditional family. In many cases the woman is totally dependent on her caregivers.

Women with multiple disabilities are at greater risk.[4] Women with psychiatric and developmental disabilities are disproportionately targeted for abuse.[5]

In its position paper, *Who Do We Think We Are: Self-Image and Women With Disabilities,* DAWN Canada explores the problems which impede the development of a strong and positive self-image for women with disabilities. The frequency of abuse; economic, physical, and emotional dependency; systemic barriers to education and employment; isolation; the demoralization and depression which often accompany physical or mental health disabilities; lack of status and respect, must be somehow overcome.

Needless to state, this is extraordinarily difficult. The factors interact. Low self-esteem impairs the ability and the will to defend yourself which in turn makes you more vulnerable to abuse which damages self-esteem.

In our society, having a disability means isolation, dependency, vulnerability, abuse and neglect. In recent years people without disabilities have become increasingly aware of how gravely and habitually the vulnerability of people with disabilities is exploited. Creating adequate support and services for people with disabilities who have been abused has barely begun.

[People with a mental handicap,] a long-overlooked vulnerable group, are finally beginning to be viewed as persons who also deserve to receive protections and empowering interventions such as avoidance training with regard to sexual abuse.
– Suzanne Sgroi, *Vulnerable Populations*

Sexual Abuse

An additional factor in the vulnerability to sexual abuse of both children and adults is the prevalent failure to provide education about sex. This gap arises from the nonsensical and false stereotype of disabled people as lacking sexuality. With inadequate or no education about sex and sexuality, a person may not be able to tell a nurturing or medically necessary touch from an abusive touch.

When lack of information is compounded with dependency on a perpetrator, a person with a disability is at great risk. The implicit or explicit threat of abandonment, punishment, and helplessness make it intensely difficult for a person with a disability to refuse sexual activity. The threat is not just coercive, it is silencing. Even if the disabled person is physically able to communicate what has happened, she may be afraid to tell because of direct or implied threats of retaliation by punishment or withdrawal of services. If she does manage to tell someone about the abuse, she is even more likely than someone who is not disabled to be met with denial, outright disbelief, or minimizing of the abuse.

Disbelief is a serious problem for women with mental health disabilities who report abuse. They may be labeled delusional or crazy. Particularly when the abuser is an adult respected in the community, the word of a woman with a mental health disability or any difficulty in communicating is likely to be disbelieved.

The Task Force was told of a young disabled woman who was taken by her mother to a psychiatrist after being raped by her father. The psychiatrist's response was, "I wouldn't worry about it. She's not ever going to have a sex life anyway."

2. Gaps and Obstacles in Policies, Programs and Services

The stark fact is that there are virtually no specific policies[6] regarding the abuse of people with disabilities, no counselling services, no transition houses, no sexual assault centres, no support groups and no victim assistance services which are designed to be accessible to people with disabilities who have been physically or sexually abused. Appendix 23 is an overview of three programs for people with disabilities provided by the Ministries of Social Services and Health. None of these programs is specifically directed at dealing with the issues of family and sexual violence.

The Project to Review Adult Guardianship has recently issued a Framework Document which is inspiring in its spirit and impressive in its scope. The Task Force wholly endorses the process of the Project, the principles on which it was based, and the Framework Document itself. The Task Force has deferred to this Project in matters pertaining to adult guardianship, including legislation, policy and services. Excerpts from this document are included in Appendix 20.

Resource Materials

It is also critical that almost none of the material developed with a view to prevent and inform about abuse is accessible to people with disabilities. Accessibility means more than simple translation into braille, or talking books, or close captioning videos, although even such translations are not generally available. While abused people with and without disabilities have many concerns in common, people with disabilities also have different issues specific to their disability, and people with different disabilities can have widely differing vulnerabilities and concerns. Adaptation of resource materials, to be effective, must take account of these differences.

Accessibility of Services and Programs

Our disabilities are part of us, we have learned to live with them, and we cannot change that reality. It is the quality of our lives that we want to change. It is our right to have services, which were created to help abused women, made accessible to us, because we are those women.
– Meeting Our Needs: Access Manual for Transition Houses, by Shirley Masuda, with Jillian Ridington, Preface

People with disabilities who have been abused must have access to all the support services and programs which they need to live healthy, independent lives. These include crisis intervention, outreach programs, support groups, police protection, and advocacy. Although providing accessible shelter is crucial, removing the abuser from the victim's home and providing the abused person with protection in her own home ought to be emphasized. Particularly when the home has been adapted to the individual needs of a disabled person, establishing the safety of that home is often the best response. When the removal of an abuser means the loss of a caregiver, the need for an in-home caregiver must be addressed in addition to the need for safety. Action taken with respect to a person with disabilities who has been abused should always be taken in consultation with that person.

Accessibility means much more than a wheelchair ramp. It means grab bars; bathrooms and toilets that accommodate wheelchairs; telephone device services for the deaf (TDD's); and other basic equipment. It also means training for staff on how to make transition houses accessible, how to use the equipment, and, crucially, how to welcome and work with people with all kinds of disabilities. Training must be skills-based but also, and most importantly, must address attitudes toward people with disabilities. It must encompass an understanding of the rights of people with disabilities to privacy, to autonomy, to a sexual life, and to the same kinds of choices as people without disabilities.

Transition Houses

Every organization representing people with disabilities that the Task Force heard from identified the urgent need for accessible transition houses. Currently transition houses in British Columbia are not accessible to women with disabilities.

There are no specialized resources available in transition houses for women who are visually impaired or women with mental health disabilities (DAWN Canada, submission to the Task Force).

DAWN Canada recently published *Meeting Our Needs: Access Manual for Transition Houses.* The Manual documents a three-part action project starting with women with disabilities telling their own stories, followed by a section investigating the present level of accessibility of transition houses, and, finally, a practical guide to becoming accessible.

◆ *only 14% of Canadian transition houses have wheelchair ramps and all of these are seriously flawed*

◆ *only two transition houses in Canada are equipped with TDD's*
– DAWN Canada,
submission to the Task Force

Needs of Women with Mental Health Disabilities

It was emphasized by the women who met with the Task Force that women with mental health disabilities have a particular need for shelter and counselling. Mental health disabilities include developmental and psychiatric disabilities. Women with mental health disabilities turn to existing transition houses for help in great numbers and are usually turned away. One hundred and eighty-two women identified by transition house workers as having a mental health disability sought refuge in nine Greater Vancouver transition houses over a one-year period (1989-90). The majority were turned away (Kettle Friendship Centre, submission to the Task Force).

There are no services for women who are mentally disabled. We are shifted from one place to another with the streets and continued abuse the only certain factors. As this circle continues the abuse is never dealt with.
– DAWN Canada,
submission to the Task Force

The existing transition houses cannot usually provide shelter for women with mental health disabilities. These high risk women often need more attention than can be given by a small staff working only nine to five. Staff generally have no in-depth understanding of mental illness nor are they able to supervise the administration of medication. The behaviour of women with mental health disabilities can be disturbing, even terrifying, to other women and children who are seeking refuge from violence.

Other emergency shelters to which women with mental health disabilities also turn in crisis are not simply inadequate, they can be dangerous. They house mainly men who commonly have histories of violence, addiction and mental illness. Behaviour can be rough and vulnerable women are at great risk of revictimization. These emergency shelters also have minimal staff levels and staff who are often unfamiliar with mental health disabilities. Facilities are usually open only in the evening and for very short-term stays.

The treatment abused women receive in psychiatric facilities within hospitals is under challenge. Inappropriate and over medication as well as misdiagnosis were cited to the Task Force as serious problems.

There is nothing, absolutely nothing for women who have been diagnosed as having a mental illness and who have experienced sexual or physical violence. While services have been developed for others, nothing has been done for these women. They need everything.
– Laurel Kimbley, the Kettle Friendship Society, presentation to the Task Force

3. Beginning Efforts to Address the Need

Prevention of Sexual Abuse of Children with Disabilities

Some sexual assault materials directed to children with disabilities have been developed. The British Columbia child sexual abuse prevention program for pre-school age children, *Let's Talk About Touching,* has a section on adapting it for use with disabled children. However, pretesting of *Let's Talk About Touching,* indicated that while the comments on adapting it for children with disabilities were helpful, the program wasn't fully adaptable to preschool age deaf children, as these children experience delays in language development. The program was useful with slightly older deaf children, but not a substitute for a program developed specially for children with specific types of disabilities.

A child sexual abuse prevention video has recently been completed for elementary school age deaf children. A needs assessment was done before the production of this feature length video entitled "Sharing Secrets," which is culturally and linguistically appropriate to deaf children. A user's guide is in production.

Abuse in Provincially Licensed Facilities

Allegations of abuse in facilities licensed under the Community Care Facility Act must be investigated according to regulations and protocols in effect. Protocols guiding investigative and protective responses to alleged abuse in licensed child care facilities are contained in the Inter-Ministry Child Abuse Handbook. Protocols guiding investigative and protective responses in adult facilities have recently been completed and are contained in the Abuse Investigation Training Manual used for training Licensing Officers. In both cases, the protocols must be followed by Licensing Officers who take the lead in the investigation. Some training of Licensing Officers regarding abuse investigations in facilities has begun.

In addition, a serious incident report tracking system is being developed with the intent that it will eventually be used to develop preventive strategies with respect to such serious occurrences as abuse. No comprehensive preventive or proactive intervention strategy has been addressed.

Sexual Abuse of Young People with Disabilities

One very recent initiative has been funded by the Child Sexual Abuse Interventions Project in the Ministry of Health. The McCreary Centre Society is carrying out a province-wide project entitled Sexual Abuse and Young People with Disabilities Project. It will assess the needs of this vulnerable group, with a view to developing a permanent program to include a registry of experts available to provide assessment, treatment and consultation, and a library of resource materials.

ENDNOTES

[1] Jillian Ridington, *Beating the "Odds": Violence and Women with Disabilities.* DAWN Canada, 1989.

[2] Joanne Doucette, *Violent Acts Against Disabled Women.* Toronto: DAWN Canada, 1986.

[3] Dick Sobsey, "Sexual Offenses and Disabled Victims: Research and Practical Implications." *Vis-a-Vis: A National Newsletter on Family Violence.*

4 Ridington, pp. 8-9

5 Ridington, p. 8

6 The Department of Solicitor General of the Province of Nova Scotia has developed a protocol for investigation and prosecution of cases involving persons with special communications needs, which should be referred to in any similar work undertaken in British Columbia.

Concluding Statement

Is Anyone Listening? is not the last word. It is another voice added to those which have been making urgent demands on behalf of victims of family and sexual violence over the past two decades.

This is a critical opportunity for the British Columbia government. *Is Anyone Listening?* is a comprehensive review of family and sexual violence issues in the province. Our recommendations for change are detailed and directly reflect the vision of those who know best: front-line workers from across British Columbia.

We are asking government to recognize that there can be only one response to the human suffering caused by family and sexual violence: positive and immediate action.

The Task Force understands the financial constraints of the times. But there is much that can and must be done even within those constraints.

The economic and social costs of family and sexual violence can only be postponed, they cannot be avoided. If interventions in family and sexual violence are not immediate and effective, the cost of services required to address the resulting dysfunction over a victim's lifetime is immense. It has been estimated that if you do not intervene in a case of severe child abuse now, the future cost of necessary services for that victim will be a million and a half dollars.

We urge government to listen carefully to the critiques and suggestions from the community contained in this report. We urge government to hear these voices for they speak from experience.

Only if a true partnership can be formed between those working in the community and those working within government, can we hope to heal the devastation of family and sexual violence.

APPENDICES

AGENCIES WHICH RETURNED QUESTIONNAIRES

AGENCY	CITY
Ability Personnel Association	Victoria, B.C.
Amata Transition House Society	Quesnel, B.C.
Anglican Diocese of British Columbia	Victoria, B.C.
Assaultive Husbands Project	Vancouver, B.C.
Association of Counsellors for Abusive Men	Duncan, B.C.
Victoria Family Violence Prevention Society	Victoria, B.C.
Automated Office Project	Victoria, B.C.
B.C. Association of Community Care	Vancouver, B.C.
B.C. Coalition of People with Disabilities	Vancouver, B.C.
B.C. Council for the Family	Vancouver, B.C.
B.C. School Trustees Association	Vancouver, B.C.
B.C. Teachers' Federation - Status of Women	Vancouver, B.C.
B.C. Telephone Company	Burnaby, B.C.
B.C. Women's Institute	Langley, B.C.
Bethlehem Counselling Centre	Nanaimo, B.C.
Boundary Family & Individual Services Society	Grand Forks, B.C.
Burnaby Family Life Institute	Burnaby, B.C.
Burnaby Information & Community Services Society	Burnaby, B.C.
Calgary Police Service	Calgary, Alta.
Cameray Children's Centre	Burnaby, B.C.
Campbell River & North Island Transition Society	Campbell River, B.C.

AGENCY	CITY
Campbell River Family Services Society	Campbell River, B.C.
Campbell River Mental Health Centre	Campbell River, B.C.
Canadian Mental Health Assoc. - B.C. Division	Vancouver, B.C.
Canadian Mental Health Assoc. - New West District	New Westminister, B.C.
Canadian Red Cross Child Abuse Prevention Program	Burnaby, B.C.
Central Okanagan Emergency Shelter Society	Kelowna, B.C.
Changing Men - Counselling Service	Vancouver, B.C.
Child Abuse Research and Education Production Association of B.C.	Surrey, B.C.
Chimo Personal Distress Intervention Service	Richmond, B.C.
City of Vancouver: Social Planning Department	Vancouver, B.C.
Comox Valley Family Life Association	Courtenay, B.C.
Cranbrook Women's Resource Society	Cranbrook, B.C.
DAWN Canada	Vancouver, B.C.
Deaf and Hard of Hearing Well-Being Project	Vancouver, B.C.
Delta Victim Witness Services	Delta, B.C.
Elders' Network	Vancouver, B.C.
Fernie Women's Resource & Drop-In Centre	Vancouver, B.C.
Gerontology Research Centre	Vancouver, B.C.
Golden Safe Homes	Golden, B.C.
Golden Women's Resource Centre	Golden, B.C.
Greater Victoria Women's Shelter Society	Victoria, B.C.
Immigrant and Multicultural Services Society (I.M.S.S.)	Prince George, B.C.

AGENCY	CITY
Intercultural Association of Greater Victoria	Victoria, B.C.
Justice Institute of British Columbia	Vancouver, B.C.
Kamloops Cariboo Regional Immigrant Society	Kamloops, B.C.
Kamloops Sexual Assault Counselling Centre Society	Kamloops, B.C.
Kingdom Hall of Jehovah's Witnesses	Vancouver, B.C.
Mackenzie Counselling Services Society	Mackenzie, B.C.
Maple Ridge Family Education Centre	Maple Ridge, B.C.
Marguerite Dixon House - Life Line Society	Burnaby, B.C.
Matsqui Police Department	Clearbrook, B.C.
Mid-Island Tribal Counsel	Chemainus, B.C.
Ministry of Aboriginal Affairs - Social Policy	Victoria, B.C.
Ministry of Attorney General - Assaultive Husbands Project	Vancouver, B.C.
Ministry of Health - Coast Garibaldi Health Unit #11	Gibsons, B.C.
Ministry of Health North Okanagan Health Unit #4	Vernon, B.C.
Ministry of Social Services - Prince George	Prince George, B.C.
Ministry of Social Services - Surrey Regional Office	Surrey, B.C.
Mizpah Transition House	Dawson Creek, B.C.
MOSAIC	Vancouver, B.C.
Mount Waddington Family Services Society	Port McNeill, B.C.
Munroe Transition House - Custody & Access Support	Vancouver, B.C.
National Enquiry from Canadian Conference of Catholic Bishop	Victoria, B.C.

AGENCY	CITY
Native Mental Health Association of Canada	Shannonville, Ont.
Nelson & Area Wife Assault Coordination Project Committee	Nelson, B.C.
Nelson & District Home Support Services Society	Nelson, B.C.
Nelson Community Services Centre	Nelson, B.C.
Nelson Family Court/Youth Justice Counsel	Nelson, B.C.
New Horizons Alcohol and Drug Program	Dawson Creek, B.C.
Nimpkish Health Centre	Alert Bay, B.C.
North Peace Community Resources Society	Fort St. John, B.C.
North Shore Family Services Society	North Vancouver, B.C.
North Shore Women's Centre	North Vancouver, B.C.
North Vancouver Family Court & Youth Justice Committee	North Vancouver, B.C.
Northern Native Family Services	Prince George, B.C.
O.A.S.I.S. Immigrant Services Centre	Vancouver, B.C.
Oak Bay Police Department	Victoria, B.C.
Passage House	Smithers, B.C.
Phoenix Transition Society	Prince George, B.C.
Port Alberni Family Guidance Association	Port Alberni, B.C.
Port Coquitlam Area Women's Centre	Port Coquitlam, B.C.
Port Moody Police Department	Port Moody, B.C.
Port Moody Victim Services - Police Based	Port Moody, B.C.

AGENCY	CITY
Powell River Community Services Assoc. SAFEHOUSE	Powell River, B.C.
Quesnel and District Child Development Centre	Quesnel, B.C.
Quesnel Mental Health Centre	Quesnel, B.C.
RCMP "E" Div. Crime Prevention/Victim Services	Vancouver, B.C.
RCMP Victim Services - Coquitlam	Port Coquitlam, B.C.
RCMP Victim Services Program - Quesnel	Quesnel, B.C.
RCMP Victim/Witness Assistance Program - Burns Lake	Burns Lake, B.C.
RCMP Victim/Witness Unit - Powell River	Powell River, B.C.
Registered Nurses Association of B.C.	Vancouver, B.C.
Revelstoke Police-Based Victim Assistance Program	Revelstoke, B.C.
Revelstoke Women's Shelter Society	Revelstoke, B.C.
Richmond Family Court Committee/Youth Justice Committee.	Richmond, B.C.
S.U.C.C.E.S.S. (United Chinese Community Enrichment Services)	Vancouver, B.C.
Saanich Indian School Board	Brentwood Bay, B.C.
Saanich Peninsula Hospital	Saanichton, B.C.
SARA (Sexual Assault Recovery Anonymous)	Surrey, B.C.
School District No. 7: Nelson	Nelson, B.C.
School District No. 22: Vernon	Vernon, B.C.
School District No. 24: Kamloops	Kamloops, B.C.
School District No. 34: Abbotsford	Clearbrook, B.C.
School District No. 39: Vancouver First Nations Education	Vancouver, B.C.

AGENCY	CITY
School District No. 57: Prince George	Prince George, B.C.
Sexual Assault Service	Vancouver, B.C.
Shuswap Family Resource & Referral Centre	Salmon Arm, B.C.
Social Planning District of West Vancouver	West Vancouver, B.C.
South Cariboo Network of Women Society	100 Mile House, B.C.
South Okanagan Women In Need Society	Penticton, B.C.
South Surrey/White Rock Women's Place	White Rock, B.C.
South Vancouver Neighbourhood House	Vancouver, B.C.
Terrace Transition House	Terrace, B.C.
The Advocacy Centre	Nelson, B.C.
The Salvation Army - Fernie	Fernie, B.C.
Thompson Valley Family Services Association	Kamloops, B.C.
Tumbler Ridge Police Victim Assistance Program	Tumbler Ridge, B.C.
United Church of B.C. - Family Ministry Working Unit	Vancouver, B.C.
Valley Native Friendship Centre Society	Duncan, B.C.
Vancouver Health Department - Burrard Unit	Vancouver, B.C.
Vancouver Health Department - North Unit	Vancouver, B.C.
Vancouver Health Department - South/East Units	Vancouver, B.C.
Vancouver Mental Patient's Association	Vancouver, B.C.
Vancouver Police Department	Vancouver, B.C.
Vancouver Police Department - Victim Services Unit	Vancouver, B.C.

AGENCY	**CITY**
Vancouver Rape Relief & Women's Shelter	Vancouver, B.C.
Vancouver School Board - Student Services	Vancouver, B.C.
Vancouver Society on Immigrant Women	Vancouver, B.C.
Vancouver Status of Women	Vancouver, B.C.
Vernon Victim Assistance Services	Vernon, B.C.
Victoria Mayor's Advisory Group	Victoria, B.C.
VISA (Vancouver Incest & Sexual Abuse Centre)	Vancouver, B.C.
Williams Lake Child Development Centre	Williams Lake, B.C.
Women in Need Society Transition House	Trail, B.C.
YWCA - Vancouver	Vancouver, B.C.

LIST OF PRESENTERS

As well as those people who responded to our questionnaire, we wish to thank the following individuals who made oral and/or written presentations to the Task Force or assisted in their preparation.

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Emily Murphy House

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Hey-Way-Noqu' Healing Circle for Addictions Society

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Jean Bennett
B.C. Association for Community Living

His Honour Judge Douglas R. Campbell
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Connie Chapman
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Ardyth Cooper
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SUCCESS

The Task Force would also like to thank those many individuals who made themselves available to consult with individual members of the Task Force in their specific areas of expertise.

THE BRITISH COLUMBIA TASK FORCE ON FAMILY VIOLENCE

BELIEFS

We believe that:

1. All individuals have the right to live their lives without violence, or fear or threat of violence.

2. Above all, people have the right to live safely in their own homes without violence, or fear or threat of violence from those people upon whom they depend for support and assistance.

3. No one deserves to be abused.

4. Family violence is a result of the abuse and imbalance of power and control in the family and in society.

5. The family violence resulting from this abuse of power is the cause of much criminal behaviour and much psychiatric disability.

6. Prevention of family violence requires a fundamental shift in societal attitudes and values.

7. Our society is in crisis because of the pervasiveness of family violence.

8. The existence of family violence is an impairment to the individual reaching full potential and therefore affects all of our society.

9. Family violence crosses all cultural, socio-economic and age groups.

10. Family violence is not accepted by any culture.

11. Family violence is a public not a private problem and its prevention and intervention are the responsibility of everyone, including:

    - all levels of government
    - the business sector
    - law enforcement
    - educators
    - community services
    - churches
    - professionals
    - friends
    - individuals

12. Family violence is a serious crime. It should be treated with sensitivity to its complexities and offenders should be held accountable by the community.

13. Everybody has the right to personal empowerment through individual autonomy and making choices in their life.

14. The need to treat assault as a crime and to hold offenders accountable must be balanced with the need to avoid re-victimizing the woman through the laying of charges against the accused.

15. Victims should not bear the responsibility for ending their victimization.

16. Victims should be supported in ending their victimization.

17. Systems and services need to be accessible to all.

18. Any response, whether prevention or intervention, should be sensitive to the specific needs of individual communities, including natives, ethnic minorities, the disabled and rural communities.

19. Offenders need appropriate assessment and treatment, in order to end the cycle of violence.

GENDER BIAS INITIATIVES

The issue of gender bias in the justice system is currently being addressed by three different bodies, at both the provincial and the federal levels: the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System; the Canadian Bar Association Task Force on Gender Bias in the Profession; and the Law Society of B.C.'s Gender Bias Committee. These bodies are incorporating into their analysis the justice system's response to violence against women.

The Canadian Bar Association initiative is focusing on the legal profession itself, while the focus of the Law Society's Committee and the Federal/ Provincial/ Territorial Working Group is broader. The British Columbia and Manitoba contribution to the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System focuses specifically on violence against women.

In order to avoid duplication of effort and to utilize the considerable experience and expertise that went into producing this report, the Task Force has deferred to the Working Group with respect to legislative and other matters within the purview of the Federal and Provincial Attorneys General. The Task Force sees the Federal/ Provincial/Territorial Working Group as vital in the process of recommending essential changes, and urges public release of its proposals. A summary of the concerns addressed by this initiative are listed below.

Some concerns not being specifically addressd by the Working Group have been identifed by the Task Force and are being forwarded to the Federal Panel on Violence Against Women. These are included in Appendix 4.

Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System

The concerns listed here relate to cases of violence against women, including both wife assault and sexual assault, which are addressed by British Columbia as part of its contribution to the report of the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System.

These concerns have been addressed by British Columbia in its draft material for the Working Group; or are included in papers covered by other provinces. Police has been included in brackets, to indicate where the police role should be addressed within an ongoing initiative.

These concerns focus on the role of Crown counsel because the Working Group was established by Federal/Provincial/Territorial Attorneys General and its mandate did not include matters under the jurisdiction of Solicitors General, i.e. police and corrections.

The Task Force urges that police and corrections be integrated into the continuing review and implementation of proposals concerning gender bias in the justice system. This integration will be facilitated in British Columbia by the fact that the former Ministry of Solicitor General has now been incorporated into the Ministry of Attorney General.

Summary of Concerns

- Crown counsel do not always interview the victim in advance of the trial date and Crown (and police) do not always refer her to services designed to help her through the court process
- Crown counsel (and police) do not always refer a victim who indicates a desire to withdraw charges to services designed to help her through the court process
- Crown counsel do not always use the subpoena power to summons a victim/witness to court
- there are no guidelines identifying the privacy needs of victims as they relate to Crown counsel's obligation in law to disclose to defence counsel evidence violating a victim's privacy
- victims do not always receive information of the other complaint options open to them, e.g., human rights complaints, civil court action, or of the relevant limitation periods
- Crown counsel do not always emphasize to the court the dynamics of abuse, or the dynamics of the particular abuse in question
- Crown counsel (and police) do not always assess whether a non-contact order as a condition of bail would be appropriate
- police do not make sufficient use of section 524 of the Criminal Code where an accused is released pending trial in a wife assault case. (Section 524 allows for arrest without warrant where reasonable grounds exist to believe an accused has breached or is about to breach a condition of release).
- in speaking to sentence Crown counsel do not always refer to the serious harm that victims can suffer in these cases or address aggravating factors such as a pattern of chronic abuse
- not enough is known about sentencing patterns, or various aspects of treatment for the offender
- the effectiveness of wife assault policies has not been sufficiently reviewed nor are there procedures to monitor the on-going implementation of the policies in place

- protection of victims is hampered by lack of tracking of offenders and tracking of information on cases

- information is lacking on the effect of specific Crown actions (e.g. recommendations regarding bail, plea discussions, contact with victims, referrals to support services and recommendations regarding sentence).

- there is a lack of information on sexual assault and dating violence in young women's lives

- preliminary inquiries in wife assault and sexual assault cases can result in double victimization for complainants and delay in bringing cases to trial

- the police currently do not have the power to release arrested persons on conditions, a power that could result in greater use of the arrest power of police and greater protection for women

- there is a lack of training for prosecutors (and police) on their role in implementing wife assault policies, the dynamics of wife and sexual assault, special investigative and prosecutorial techniques for wife and sexual assault cases where the victim cannot or will not testify, and on gender bias generally

- there is a lack of designated special resource prosecutors in Regional Crown offices to assist and advise all prosecutors on the conduct and handling of wife and sexual assault cases

- there is a lack of research on appropriate training methodologies for all training programs in this area

- there is a lack of public education regarding wife assault and sexual assault

- there is a lack of evaluation of existing victim support services

- there is a lack of funding and recognition for victim support services

- there is a lack of victim support services that are designed to meet the needs of women who are particularly discriminated against in our society

- prosecutors (and police) are not always aware of or do not always make appropriate referrals to specialized victim support services

- there is a lack of community-justice system committees to coordinate the local activities and services related to wife assault and sexual assault

FEDERAL ISSUES

A considerable number of issues regarding the criminal justice system's response to wife assault and sexual assault fall under federal jurisdiction, including Criminal Code concerns, training, and sentencing issues. These have been addressed in the report of the Federal/Provincial/Territorial Working Group of Attorneys General Officials on Gender Equality in the Canadian Justice System. A list of these concerns is in Appendix 3.

A number of relevant criminal justice issues have not been dealt with in that report and the Task Force encourages an ongoing Provincial Advisory Committee on Gender Equality in the Justice System to address these concerns:

(a) how to effectively address breaches of court orders;

(b) inadequate protection provided by bail conditions;

(c) possible changes to legislation governing length and conditions of probation;

(d) adequate guidelines to supplement the new Rape Shield legislation;

(e) judicial training to address the new Rape Shield legislation;

(f) effective ways to facilitate women and children who are family violence victims remaining in their homes, while offenders are removed;

(g) treatment programs for wife abusers and sex offenders in federal institutions;

(h) quick access to restraining orders and peace bonds and strategies for their effective enforcement;

(i) the problems associated with an accused acting for himself in family or sexual violence cases;

(j) mandatory training for federally appointed judges in family and sexual violence issues, including training to address gender bias, as well as the needs of aboriginal people, people of colour, immigrants, refugees, elderly people, people who have a mental or physical disability, lesbians and gay men, people who are poor and people who live in remote and rural areas. Training should include the effectiveness or ineffectiveness of specific controls and sanctions, as well as the impact of family and sexual violence on custody and access matters.

(k) enhanced training of R.C.M.P. recruits on the issues of family and sexual violence, including gender bias and the needs of aboriginal people, people of colour, immigrants, refugees, elderly people, people who have a mental or physical disability, lesbians and gay men, people who are poor and people who live in remote and rural areas.

The following concerns also fall under federal jurisdiction and have been forwarded along with the above issues, to the Federal Panel on Violence Against Women.

1. Custody and Access Disputes Between Separated or Divorced Parents

The Divorce Act is being revised and the Task Force has already communicated its views to Justice Minister Kim Campbell regarding the need to consider a husband's violence toward his wife as a factor in custody and access issues.

2. Child Maintenance Guidelines

Judicial guidelines on the cost of raising a child, to be used in awarding maintenance payments, should be developed and implemented.

3. Division of Property

The Task Force supports the consideration of a man's violence as a factor in the division of assets and exclusive occupancy of the family home.

4. Cost-sharing of Family Law Legal Aid

The Task Force urges the consideration of cost-sharing of family law legal aid through the Department of Justice rather than through Health and Welfare CAP cost-sharing agreements to ensure that national standards apply and that accountability is subject to control and auditing exercised by the Department of Justice.

5. Consideration of a Family Violence Act

The Task Force supports the exploration of the feasibility of a special statute, or Family Violence Act, whereby assault within a family would be considered a different and more serious crime than non-family assault, because of the abuse of trust that may be involved and the risk of re-victimization.

6. Repeal of Criminal Code Section on Corporal Punishment

The Task Force supports the repeal of Section 43 of the Criminal Code that allows corporal punishment of children.

7. Criminal Injury Compensation

B.C. Criminal Injury Compensation is currently available only to those victimized within B.C. Provincial/territorial reciprocal agreements need to be negotiated. This could be facilitated by federal authorities and federal cost-sharing could be made contingent upon these agreements being in place.

8. Women in Federal Jails

Eighty percent of women incarcerated under Federal jurisdiction have a history of physical or sexual abuse, which is not being addressed.

9. Orientation of Immigrants

Orientation of immigrants is a federal responsibility and should include information about laws governing issues of family and sexual violence and services available.

10. Conference on Service Delivery to Immigrants and People of Colour

There is a need for a conference or working session to explore the best ways to deliver services to immigrants and people of colour, addressing the issues of specialization versus integration of service delivery.

11. Family Violence Initiatives and Immigrants and People of Colour

The Task Force is concerned about the lack of focus of the Federal Family Violence Initiative on immigrants and people of colour and urges it to initiate action in this area.

12. Media Violence

Canadian Radio and Telecommunication Commission should be mandated to eliminate gratuitous violence, homophobia, sexism and racism in broadcasting and advertising.

13. Telephone Call Display

The Canadian Radio and Telecommunication Commission should limit telephone companies' ability to introduce the call display feature without recipients' clear permission, should not be allowed to charge people for the right to opt out of such a system and should institute other safeguards to protect abused or threatened women and children.

14. Pornography

The primary focus of pornography is on females, either adult or pubescent, and it reduces women to a single objectified dimension - sexual. More effective steps must be taken to address the import and sale of pornography.

15. Charitable Tax Numbers

Eligibility for a charitable tax number should be extended to include those agencies that include advocacy in their mandate.

Appendix 5

SUMMARY OF MINISTRY RESPONSIBILITIES
GOVERNMENT OF BRITISH COLUMBIA

PREMIER

General Responsibilities

- Policy and legislation
- Intergovernmental relations

Major Commissions and Boards

B.C. Trade Development Corporation

MINISTER OF ABORIGINAL AFFAIRS

General Responsibilities

- Native land claims and self-government
- Interministerial and federal-provincial coordination of natural resource, economic and social policies related to aboriginal issues
- Aboriginal heritage, language and culture

Major Commissions and Boards

Native Economic Development Advisory Board
Burns Lake Native Development Corporation
First Peoples' Heritage, Language and Culture Council
Provincial Capital Commission

MINISTER OF ADVANCED EDUCATION

General Responsibilities

- Universities and colleges
- Skills development
- Student financial assistance
- Science and technology

Major Commissions and Boards

Advanced Education Council
B.C. College and Institutes Boards
B.C. Institute of Technology
British Columbia Research Corporation
British Columbia Youth Council
Discovery Foundation
Opening Learning Agency
Premier's Advisory Council on Science and Technology
Science Council of British Columbia
University Board of Governors and Senates
University of Northern British Columbia Interim Governing Council

MINISTER OF AGRICULTURE, FISHERIES AND FOOD

General Responsibilities

- Agricultural, food and beverage industry development
- Farm management, soil and water conservation, animal health and crop protection .
- Agriculture financial safety nets
- Economic development of B.C.'s commercial fisheries and aquaculture operations
- New technology for the agri/fish/food industries

Major Commissions and Boards

B.C. Egg Marketing Board
B.C. Marketing Board
B.C. Milk Marketing Board
B.C. Agricultural Industry Development Council
B.C. Aquaculture Industry Advisory Council
B.C. Salmon Marketing Council
Okanagan Tree Fruit Authority
Provincial Agricultural Land Commission

ATTORNEY GENERAL

General Responsibilities

- Criminal justice and family law
- Court administration, courthouse management and sheriff services
- Public trustee
- Legal aid, victim assistance and public legal education
- Expropriation compensation
- Legal services to the government
- Elections B.C.
- Orders-in-Council administration
- Police and correctional services
- Emergency preparedness
- Coroner's service
- Traffic safety and licencing
- Commercial transport inspection, motor vehicle and driver testing
- Gaming and horse racing
- Film classification
- Liquor licencing and distribution

Major Commissions and Boards

B.C. Board of Parole
B.C. Police Commission
Expropriation Compensation Board
Law Foundation of B.C.
Law Reform Commission
Legal Services Society
Liquor Appeal Board
Motor Carrier Commission

MINISTER OF ECONOMIC DEVELOPMENT, SMALL BUSINESS AND TRADE

General Responsibilities

- Regional and community economic initiatives
- Trade development
- International trade actions
- Small business policy and services
- Government agents and access centres

Major Commissions and Boards

Asia Pacific Advisory Committee
B.C. Pavilion Corporation
B.C. Round Table on the Environment and the Economy
IFC International Financial Centre Vancouver Society
Job Protection Commission
Minister's European Community Advisory Committee
North America Free Trade Advisory Committee

MINISTER OF EDUCATION, AND MINISTER RESPONSIBLE FOR MULTICULTURALISM AND HUMAN RIGHTS

General Responsibilities

- Education programs, curriculum development, special education
- School financing and facilities
- Student access and achievement
- Independent schools

- Human rights, immigration
- Mulitcultural policy and services

Major Commissions and Boards

Advisory Council on Multiculturalism
B.C. Council of Human Rights
College of Teachers
Education Advisory Council

MINISTER OF ENERGY, MINES AND PETROLEUM RESOURCES

General Responsibilities

- Energy and mineral resource management
- Oil and gas royalties, mineral taxes
- Geological studies
- Petroleum and mineral titles
- Health, safety and environmental approval for exploration

Major Commissions and Boards

B.C. Petroleum Corporation
B.C. Utilities Commission

MINISTER OF ENVIRONMENT, LANDS AND PARKS

General Responsibilities

- Air, land and water pollution control
- Water and flood plain management
- Fish and wildlife habitat and species protection
- Resource management, licencing and permitting
- Environmental assessment of industrial projects
- Environmental emergencies
- Environmental youth corps
- Crown land management
- Protection and management of parks and recreation areas

Major Commissions and Boards

B.C. Round Table on the Environment and the Economy
B.C. Hazardous Waste Management Corporation
Environmental Appeal Board
Oil Spill Advisory Committee Task Force

MINISTER OF FINANCE AND CORPORATE RELATIONS

General Responsibilities

- Treasury Board
- Office of the Comptroller General
- Revenue, provincial treasury
- Economic and financial analysis
- Incorporation and registration
- Economic, demographic and social planning and statistics
- Financial institutions regulation
- Government personnel services

Major Commissions and Boards

B.C. Ferries Corporation
B.C. Securities Commission
B.C. Transit Corporation
B.C. Year of the Music Crown Society
Pacific National Exhibition
Terry Fox Medical Research Foundation
TRIUMF-KAON Venture Office Advisory Board
Vancouver Stock Exchange

MINISTER OF FORESTS

General Responsibilities

- Competitive timber industry
- Harvest management, reforestation, forest research, resource inventory
- Integrated forest values
- Pest control and fire suppression
- Crown rangeland management
- Forest economics and revenue

Major Commissions and Boards

B.C. Forest Resources Commission

MINISTER OF GOVERNMENT SERVICES

General Responsibilities

- Services to the Legislature, Executive Council and the Office of the Lieutenant-Governor
- Government policy co-ordination and communications
- Persons with disabilities
- Lottery management and grants
- Government purchasing
- Queen's Printer, air and vehicle services, records and archives, postal services
- Public service and superannuation

Major Commissions and Boards

B.C. Buildings Corporation
B.C. Lottery Corporation
B.C. Systems Corporation
Order of B.C. Advisory Council
Premier's Advisory Council for Persons with Disabilities
Public Service Commission
Purchasing Commission
Superannuation Commission

MINISTER OF HEALTH, AND MINISTER RESPONSIBLE FOR SENIORS

General Responsibilities

- Community and family health services
- Health promotion and education
- Hospital and extended/longterm care
- Public health
- Mental health, forensic psychiatric health
- Pharmacare
- Emergency care, ambulance services
- Birth, death and marriage registration
- Medical services plan
- Alcohol and drug programs
- Seniors' programs and services

Major Commissions and Boards

B.C. Cancer Society
B.C. Health Research Foundation
B.C. Mental Health Society
Council of the College of Physicians and Surgeons
Emergency Health Services Commission
Hospitals Foundation of British Columbia
Medical Appeal Board
Medical Services Commission
Seniors' Advisory Council

MINISTER OF LABOUR AND CONSUMER SERVICES, AND MINISTER RESPONSIBLE FOR CONSTITUTIONAL AFFAIRS

General Responsibilities

- Labour relations
- Workers' compensation
- Employment standards
- Consumer legislation and investigations
- Landlord-tenant dispute resolution
- Motor dealer, cemetery and travel agent operations
- Consumer debtors assistance

Major Commissions and Boards

B.C. Hydro
I.C.B.C.
Industrial Relations Council
Workers' Compensation Board
Workers' Compensation Review Board

MINISTER OF MUNICIPAL AFFAIRS, RECREATION AND HOUSING

General Responsibilities

- Local government services and finances
- Municipal organization, administration, engineering and planning
- Downtown revitalization
- Safety standards and inspections (buildings, fire, railways, pipelines, gas, electricity, elevators)
- Sport and recreation
- Home owner grant administration
- Affordable housing

Major Commissions and Boards

Assessment Appeal Board
Building Code Appeal Board
Building Safety Advisory Council
Fire Safety Advisory Council
Fire Services Advisory Board
Islands Trust
Sport and Recreation Advisory Council of British Columbia

MINISTER OF SOCIAL SERVICES

General Responsibilities

- Family and children's services
- Income assistance, employment initiatives, family maintenance
- Transition houses and emergency shelters
- Adoption services and reunion registry
- Children with special needs
- Adults with mental handicaps
- Youth services for street kids

Major Commissions and Boards

Board of Registration for Social Workers
SAFER Eligibility Committee

MINISTER OF TOURISM, AND MINISTER RESPONSIBLE FOR CULTURE

General Responsibilities

- Artistic and cultural development
- Heritage conservation and historic sites
- Tourism products, services and accommodation
- Tourism marketing and promotion

Major Commissions and Boards

B.C. Arts Board
B.C. Festival of the Arts Society
B.C. Film Development Society
B.C. Heritage Trust
Pacific Rim Institute of Tourism
Provincial Tourist Advisory Council

MINISTER OF TRANSPORTATION AND HIGHWAYS

General Responsibilities

- Provincial transportation programs and priorities for air, rail, and highways
- Highway construction and maintenance
- Airport construction and improvements

Major Commissions and Boards

B.C. Rail

MINISTER OF WOMEN'S EQUALITY

General Responsibilities

- Equality in the workplace
- Action against violence and sexual assault
- Health services, including choice on abortion
- Access to post-secondary education, job and managerial training
- Community support services

Major Commissions and Boards

Advisory Council on Services for Women
Task Force on Family Violence

VICTIM ASSISTANCE PROGRAM

A province-wide victim assistance program was established in 1987 and is funded by the Ministry of Attorney General. It consists of victim support programs based in community agencies, police departments and detachments and Crown counsel offices. Some of the police-based programs pre-date the establishment of the province-wide program, and most of the community- based programs are run out of existing community agencies whose mandate is broader than just victim assistance.

The police and Crown-based programs serve all types of crime victims, while the community-based programs are specialized, serving victims of wife assault, sexual assault and child sexual abuse. All sexual assault centres hold the specialized victim assistance program contract for their community. All sexual assault centres serve adult victims of sexual assault; some also serve children; and some serve male victims. Part but not all of the funding for sexual assault centres comes from the victim assistance program.

There are also nine Corrections programs which are victim offender reconciliation programs (VORPS). These are also based in community agencies.

The Victim Information Line (1-800-VICTIMS) is also a component of the victim assistance program. It provides toll-free access to information about services available to victims anywhere in the province. It is not a crisis line.

There are 30 community-based specialized victim assistance programs. They are mandated to provide referral, emotional support, crisis intervention and court accompaniment to victims of wife assault, sexual assault and child sexual abuse. They can also arrange for practical support, such as transportation to court and childcare.

There are seven sexual assault centres in the province. The mandate of the sexual assault centres is broader that that of the victim assistance programs, and includes counselling for victims.

There are 54 police-based victim assistance programs. They provide assistance to victims of any kind of crime, including information, referral, and emotional support. Where a community-based specialized victim assistance program exists in the same area, the police-based victim assistance program is mandated to refer sexual assault, wife assault and child sexual abuse victims to that program.

In a small number of communities, police-based victim assistance programs and community-based specialized victim assistance programs are combined into one program.

There are eight Crown-based victim assistance programs. In each Criminal Justice Branch region, once a charge has been approved, a Crown-based victim assistance program is mandated to provide information, support and liaison to victims of serious crime, including sexual assault, wife assault and child sexual abuse.

As part of the victim assistance program, the Ministry of Attorney General has developed victim support worker handbooks for people delivering services to victims of wife assault, sexual assault, and child sexual abuse, and to victims in general. A handbook has also been developed on management of volunteers.

The Ministry also delivers ongoing training programs for victim assistance program staff. A comprehensive curriculum for this training has recently been completed by the Ministry and the Justice Institute of British Columbia. This 60 hour curriculum covers such topics as advanced communication skills, crisis intervention skills, sexual assault and wife assault, and the criminal justice system.

In addition, agencies run their own locally developed training programs. For example, sexual assault centres and community-based specialized victim assistance programs provide training to their staff and volunteers, ranging from 60 hours upwards. Victim assistance programs also train workers on the job, and provide approximately 10 days of additional specialized training throughout the year.

The Justice Institute also provides a range of courses dealing with family and sexual violence issues, which are available to service providers in the victim assistance program.

The Ministry of Attorney General has recently completed a review of the police and Corrections-based components of the program. It is hoped that it will be expanding this review to include a comprehensive evaluation of all components of the program.

Government of Canada   Gouvernement du Canada

Family Violence in Canada:

A Call to Action

Canada

Family violence – child abuse, violence against women, elder abuse and the abuse of people with disabilities – it's not something that happens to strangers. It happens in our families, among our neighbours, our friends and our co-workers. Sometimes we act as if it just doesn't happen to us and the people we know. But this is not the case – none of us can afford to think of family violence as somebody else's problem.

In announcing a new Initiative on Family Violence, the federal government calls upon all Canadians to act, to accept individual responsibility for the prevention of family violence. Police officers, doctors, nurses, lawyers, social workers, teachers, all of us whose working lives bring us into contact with victims and offenders must play a role. In our personal lives we can also make a difference. We can no longer look the other way when someone is being threatened or hurt. When we do we become part of the problem.

For too long family violence was considered to be a private matter, something that victims and their families kept to themselves out of shame, fear and isolation. We know now that family violence is a widespread and deeply-rooted problem which cuts across all cultures, all income levels and all religions. And it concerns all Canadians. It is not a private problem; it is an important public and national problem. It is up to each and every one of us to work to reduce the problem.

It is not a simple twist of fate that the primary victims of family violence are children, women, seniors and people who are vulnerable because of a disability. The fact is that in our society, we do not always treat each other as equals, thus some of us are more vulnerable to abuse by the more powerful. No matter what laws are in place, family violence will not end until we view each other as having the right to security of person, and until we protect each other.

Government action cannot solve the problem alone; what can the government do to work with others so that we can all contribute to a solution?

Through the $25.1 million Child Sexual Abuse Initiative launched in 1986 and the $40 million Family Violence Initiative that began in 1988, the federal government has worked actively with others to prevent family violence. Through these initiatives we have accomplished a great deal. We have:

☐ enacted legislation to protect children against sexual abuse;
☐ created nearly 450 new shelter units to help 23,000 battered women and their children each year;
☐ helped to train front-line workers across the country, in professional and volunteer roles, as doctors, nurses, police officers, social workers, youth leaders and many others;
☐ provided support for community action through over 700 projects; and
☐ helped Canadians to begin to understand that this is a serious and widespread problem, which requires all our best efforts to overcome.

A new four-year, $136-million Initiative is just getting underway. It is designed to help those who need help most. Canada is a richly diverse country. Action on family violence must reflect this diversity. This Initiative will be broad-based but will ensure attention to the needs of aboriginal people, residents of remote and rural parts of the country, members of ethnocultural minority communities and people with disabilities.

The new Initiative takes aim at family violence on seven fronts by:

1.

Involving all Canadians and mobilizing community action

Preventing family violence depends upon understanding what family violence is, why it occurs and what can be done to stop it. Canadians must be informed. Attitudes have to change. The federal government intends to work with others to:

☐ create new resources for public education;

☐ support current partnerships with those working at the heart of the problem such as women's groups, seniors groups, child-serving organizations, aboriginal peoples organizations, front-line workers and provincial and territorial governments – through 500 community-based projects; and

☐ seek new partnerships through 40 ventures with business, service clubs, labour, churches, professions, and others.

2.

Strengthening Canada's legal framework

Family violence is a complex social problem; it is also a criminal matter. The federal government, through the Department of Justice and the Ministry of the Solicitor General will:

☐ review provisions of the *Criminal Code* and the *Divorce Act*, as well as other legal policies to see if they are adequate to protect victims and help deter offenders;

☐ make available to the public and front-line workers better information on how Canada's laws can help prevent family violence and protect victims;

☐ assist the judiciary in training its members on the dynamics of family violence;

☐ evaluate treatment programs for men who abuse their partners to find out what is the best way to stop violent behaviour; and

☐ support partnerships with others to seek ways to improve how we respond to family violence through the criminal justice system.

3.

Establishing services in Indian reserves and Inuit communities

By supporting these communities to find solutions that respect and enhance traditional native cultural values, the federal government will fund services for Indian and Inuit peoples. The federal government will:

☐ fund reserve communities to examine the nature and extent of family violence in their own communities

☐ work with communities to design and implement culturally appropriate prevention, protection and treatment services on reserve;

☐ work with over 500 Indian reserves and Inuit communities to develop prevention programs including school-based programs for aboriginal children;

☐ train 2,000 existing health and social services personnel who work on reserves and in Inuit communities;

4.

Strengthening Canada's ability to help victims and stop offenders

The federal government has a direct responsibility for the RCMP and for federal correctional services, including offenders in federal institutions and those on conditional release in the community. The Ministry of the Solicitor General will:

☐ intensify training for 800-1000 new recruits attending the RCMP Academy each year, officers serving in 700 RCMP detachments across Canada, and staff and members of the Correctional Service of Canada and the National Parole Board;

☐ provide treatment services to family violence offenders in all 60 federal correctional institutions and to federal offenders on conditional community release;

☐ work with police and their community partners to test new approaches to providing services that better protect and help victims;

☐ produce public and professional education resources to help police, correctional programs, parole staff and Parole Board members respond more effectively to family violence;

☐ assess the importance of family violence as a factor in risk assessments and parole decision-making;

The federal government will also work in partnership with provincial, territorial and municipal governments, professional associations and community groups to improve services to victims and their families in the fields of health and social services. It will:

☐ support 10 major demonstration projects to find out which approaches help victims and their families and prevent abuse from recurring;

☐ help produce manuals, handbooks and guidelines for Canadian physicians, nurses, social workers, mental health workers and other front-line workers; and

☐ share, with provincial and territorial governments, health and social service agencies and community groups across the country, information about what works so that all can learn from the success of others.

5.

More housing for abused women and their children

The Canada Mortgage and Housing Corporation will:

☐ create 80-100 emergency shelter units as an extension of Project Haven, to provide temporary shelter for 4,000 women and children annually; and

☐ introduce a new program, "Next Step", to create 150-170 housing units to meet longer-term housing needs of 900 abused women and their children.

6.

Better national information on the extent and nature of family violence

☐ conduct surveys through the Canadian Centre for Justice Statistics to build a solid national data base on family violence.

7.

Sharing information and solutions – making the connections

Across the country, community groups, professionals and other front-line workers, and researchers need to know what others are doing about family violence. They want to share their successes and find out how others are solving problem in their communities. They need good, reliable information.

Making sure that the results of research and other projects are shared widely will be a top priority for all federal departments.

Health and Welfare Canada will expand the National Clearinghouse on Family Violence fourfold. This will allow the Clearinghouse to respond to 15,000 enquiries per year. The Clearinghouse will:

☐ up-date and expand its collection of public and professional education resources, including videos, fact sheets, research reports and state-of-the-art reviews;

☐ work with provincial, territorial, regional and local resource centres to establish a national information network on the prevention of family violence; and

☐ make it easier for Canadians to get information quickly and directly through its toll-free line: 1-800-267-1291.

The federal partners

Six federal departments and agencies are working together on the new Initiative: Health and Welfare Canada, Justice Canada, Solicitor General, Secretary of State, Indian Affairs and Northern Development and the Canada Mortgage and Housing Corporation. Status of Women Canada and the Seniors Secretariat will be making sure that women and seniors are kept informed of the federal government's Initiative's action on family violence.

Funding has been allocated through the federal partners over four years as follows:

Health and Welfare Canada	$55.6 million
Solicitor General for Canada	23.0 million
Justice Canada	7.1 million
Secretary of State	7.7 million
Indian Affairs and Northern Development	21.6 million
Canada Mortgage and Housing Corporation	21.0 million

The departments will be working with provincial and territorial governments, regional and municipal governments, community groups, professional associations and committed individuals. For more information about their roles in the Initiative.....

JUSTICE AND SOCIAL SERVICES TRAINING

Police Training

The Justice Institute Police Academy trains recruits to the independent municipal police forces. These recruits receive two hours of training on sexual assault victims, two hours on interviewing victim witnesses, two hours on the psychology of sexual offenders, and three hours on defusing hostility, including obtaining evidence from victims. They also have a week-long period of simulation training, during which most recruits either see or handle a simulation involving sexual assault.

Currently, Battered Women's Support Services (B.W.S.S.) provides for the Police Academy a five-hour presentation on wife assault, which includes sexual assault within an intimate relationship. In addition, six hours of class training with a psychologist includes, among other topics, sexual violence within an intimate relationship.

RCMP recruits in Regina receive from uniform staff of the Human Relations Unit three hours on child abuse and one hour on abuse of the elderly. An outside resource person provides three hours of training on sexual and spousal assault.

The child abuse and abuse of the elderly sessions discuss victim assistance programs and community agencies to which victims can be referred as well as the need for a coordinated response. Types of abuse, abuse indicators, reporting, communication barriers, and investigative considerations are discussed. A representative from a sexual assault centre discusses definitions of sexual and spousal assault, offender behaviours, cycle of violence, emotional reactions of victims, sensitivity of police, and the importance of referrals.

A Basic Recruit Training Review is currently underway, as part of the federal Family Violence Initiative. A major focus of this review is gender and cultural sensitivity.

Little mandatory advanced training exists concerning family and sexual violence. Additional training in the form of workshops or short courses are offered on a discretionary basis.

Regular Justice Institute Police Academy programs include a half-day junior level sexual assault investigator course and a full-day major crime investigator course in sexual assault. (Some of this time is spent on child sexual abuse.) Places in these courses are assigned at the department level.

An inter-ministry training package on investigative interviewing of child abuse complainants has been developed by the Ministries of Social Services and Attorney General, in conjunction with RCMP and the Justice Institute Police Academy. An inter-ministerial training course on advanced child sexual abuse investigation skills has recently been developed by the Justice Institute Police Academy and the RCMP, in conjunction with the Criminal Justice Branch of the Ministry of Attorney General and the Ministry of Social Services.

The Vancouver Police Department has recently established an in-service roll-call training session on wife assault which will include all sworn personnel in the patrol division and all communications operators. The training includes an overview of the severity and effects of wife assault on women and children, investigative tactics, and the spirit and intent of the wife assault policy. The sessions will include use of the Victoria Women's Transition House video "One Hit Leads to Another".

Crown Counsel and Judicial Training

No specialized Crown counsel training exists, although individual Crown counsel sometimes attend training sessions and workshops on these topics.

B.C. Provincial Court judges are now required to attend some training events, which have, in the past two years, included material on child sexual abuse.

The Ministry of Social Services

The Ministry of Social Services has developed a number of training initiatives in family and sexual violence, including: inter-ministerial sessions to train workers on the use of the Inter-Ministry Child Abuse Handbook; training courses for child protection social workers; the inter-ministerial child sexual abuse investigators training package; and some workshops in the Lower Mainland on wife assault and children who witness wife assault.

Other Initiatives

A video production is currently underway in conjunction with the Sexual Abuse Interventions Project to provide information and support to non-abusing parents of sexually abused children involved in the justice system.

A Child Witness Court Preparation Kit is in development within the Ministry of Attorney General to train and assist police, Crown counsel, and victim assistance workers with preparing children for court experience.

A video to prepare wife assault victims for the investigative and court experience is being developed by the B.C. Institute on Family Violence.

Appendix 9

NOBODY'S PERFECT

The following is an excerpt from a brochure outlining the Nobody's Perfect Parenting Program.

NOBODY'S PERFECT is an educational program for parents of children from birth to age five. It meets the needs of young, single, low-income, socially or geographically isolated parents or parents with limited formal education. NOBODY'S PERFECT is **not** intended for families in crisis or those with serious problems.

NOBODY'S PERFECT gives parents access to accurate, up-to-date information on their children's health, safety, development and behaviour. ...It uses easy-to-read materials, group support and adult education techniques to help parents recognize and build on their own strengths and existing coping skills.

...It has been extensively field-tested, evaluated and found to be effective... In particular, the program had a major, long-term impact on:

- increasing parents' knowledge and understanding of their children's health, safety and behaviour;
- effecting positive change in the behaviour of parents in relation to their children's health, safety and behaviour;
- improving participants' confidence and self-image as parents; and
- improving participants' coping skills as parents.

...NOBODY'S PERFECT is delivered to parents by trained facilitators in either a group or one-to-one format. Both professionals and target group parents may be trained as facilitators...

It is intended to be implemented through provincial governments or community agencies. An Administrative Manual is available to provide practical information on program planning, implementation and evaluation...

SELECTED CRIMINAL CODE OF CANADA PROVISIONS
1992

Correction of Child by Force.

43. Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances. R.S., c. C-34, s 43.

Part V / Sexual Offences, Public Morals and Disorderly Conduct
Interpretation

Definitions/"Guardian"/"Public place"/"Theatre".
150. In this Part "guardian" includes any person who has in law or in fact the custody or control of another person; "public place" includes any place to which the public have access as of right or by invitation, express or implied; "theatre" includes any place that is open to the public where entertainments are given, whether or not any charge is made for admission. R.S., c. C-34, s. 138.

Sexual Offences
Consent No Defence / Exception / Exemption for accused aged twelve or thirteen / Mistake of age / Idem.

150.1 (1) Where an accused is charged with an offence under section 151 or 152 or subsection 153(1), 160(3) or 173(2) or is charged with an offence under section 271, 272 or 273 in respect of a complainant under the age of fourteen years, it is not a defence that the complainant consented to the activity that forms the subject-matter of the charge.

(2) Notwithstanding subsection (1), where an accused is charged with an offence under section 151 or 152, subsection 173(2) or section 271 in respect of a complainant who is twelve years of age or more but under the age of fourteen years, it is not a defence that the complainant consented to the activity that forms the subject-matter of the charge unless the accused

(a) is twelve years of age or more but under the age of sixteen years;

(b) is less than two years older than the complainant; and

(c) is neither in a position of trust or authority towards the complainant nor is a person with whom the complainant is in a relationship of dependency.

(3) No person aged twelve or thirteen years shall be tried for an offence under section 151 or 152 or subsection 173(2) unless the person is in a position of trust or authority towards the complainant or is a person with whom the complainant is in a relationship of dependency.

(4) It is not a defence to a charge under section 151 or 152, subsection 160(3) or 173(2), or section 271, 272 or 273 that the accused believed that the complainant was fourteen years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant.

(5) It is not a defence to a charge under section 153, 159, 170, 171 or 172 or subsection 212(2) or (4) that the accused believed that the complainant was eighteen years of age or more at the time the offence is alleged to have been committed unless the accused took all reasonable steps to ascertain the age of the complainant. R.S.C. 1985, c. 19 (3rd Supp.), s. 1.

Sexual Interference

151. Every person who, for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of a person under the age of fourteen years is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction. R.S.C. 1985, c. 19 (3rd Supp.), s. 1.

Invitation To Sexual Touching

152. Every person who, for a sexual purpose, invites, counsels or incites a person under the age of fourteen years to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the person under the age of fourteen years, is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction. R.S.C. 1985, c. 19 (3rd Supp.), s.1.

Sexual Exploitation / Definition of "young person".

153. (1) Every person who is in a position of trust or authority towards a young person or is a person with whom the young person is in a relationship of dependency and who

(a) for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of the young person, or

(b) for a sexual purpose, invites, counsels or incites a young person to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the young person,is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years or is guilty of an offence punishable on summary conviction.

(2) In this section, "young person" means a person fourteen years of age or more but under the age of eighteen years. R.S.C. 1985, c. 19 (3rd Supp.), s.1.

Incest / Punishment / Defence / Definition of "brother" and "sister"

155. (1) Every one commits incest who, knowing that another person is by blood relationship his or her parent, child, brother, sister, grandparent or grandchild, as the case may be, has sexual intercourse with that person.

(2) Every one who commits incest is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

(3) No accused shall be determined by a court to be guilty of an offence under this section if the accused was under restraint, duress or fear of the person with whom the accused had the sexual intercourse at the time the sexual intercourse occurred.

(4) In this section, "brother" and "sister", respectively, include half-brother and half-sister. R.S., c. C-34, s. 150; 1972, c. 13, s. 10; R.S.C. 1985, c. 27 (1st Supp.), s. 21.

Anal Intercourse / Exception / Idem.

159. (1) Every person who engages in an act of anal intercourse is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction.

(2) Subsection (1) does not apply to any act engaged in, in private, between

(a) husband and wife, or

(b) any two persons, each of whom is eighteen years of age or more, both of whom consent to the act.

(3) For the purposes of subsection (2),

(a) an act shall be deemed not to have been engaged in in private if it is engaged in in a public place or if more than two persons take part or are present; and

(b) a person shall be deemed not to consent to an act

(i) if the consent is extorted by force, threats or fear of bodily harm or is obtained by false and fraudulent misrepresentations respecting the nature and quality of the act, or

(ii) if the court is satisfied beyond a reasonable doubt that the person could not have consented to the act by reason of mental disability. R.S.C. 1985, c. 19 (3rd Supp.), s. 3.

Part VIII / Offences Against the Person and Reputation

Interpretation

DEFINITIONS / " abandon" or "expose" / "aircraft" / "child" / "form of marriage" /"guardian" / "operate" / "vessel".

214. In this Part

"abandon" or "expose" includes

(a) a wilful omission to take charge of a child by a person who is under a legal duty to do so, and

(b) dealing with a child in a manner that is likely to leave that child exposed to risk without protection...

"child" includes an adopted child and an illegitimate child;

"form of marriage" includes a ceremony of marriage that is recognized as valid

(a) by the law of the place where it was celebrated, or

(b) by the law of the place where an accused is tried, notwithstanding that it is not recognized as valid by the law of the place where it was celebrated; "guardian" includes a person who has in law or in fact the custody or control of a child... R.S., c. C-34, s. 196; R.S.C. 1985, c. 27 (1st Supp.), s. 33; c. 32 (4th Supp.), s. 56.

Duties Tending to Preservation of Life

Duty of Persons To Provide Necessaries / Offence / Punishment / Presumptions.

215. (1) Every one is under a legal duty

(a) as a parent, foster parent, guardian or head of a family, to provide necessaries of life for a child under the age of sixteen years;

(b) as a married person, to provide necessaries of life to his spouse; and

(c) to provide necessaries of life to a person under his charge if that person

(i) is unable, by reason of detention, age, illness, insanity or other cause, to withdraw himself from that charge, and

(ii) is unable to provide himself with necessaries of life.

(2) Every one commits an offence who, being under a legal duty within the meaning of subsection (1), fails without lawful excuse, the proof of which lies upon him, to perform that duty, if

(a) with respect to a duty imposed by paragraph (1)(a) or (b),

(i) the person to whom the duty is owed is in destitute or necessitous circumstances, or

(ii) the failure to perform the duty endangers the life of the person to whom the duty is owed, or causes or is likely to cause the health of that person to be endangered permanently; or

(b) with respect to a duty imposed by paragraph (1)(c), the failure to perform the duty endangers the life of the person to whom the duty is owed or causes or is likely to cause the health of that person to be injured permanently.

(3) Every one who commits an offence under subsection (2) is guilty of

(a) an indictable offence and is liable to imprisonment for a term not exceeding two years; or

(b) an offence punishable on summary conviction.

(4) For the purpose of proceedings under this section,

(a) evidence that a person has cohabited with a person of the opposite sex or has in any way recognized that person as being his spouse is, in the absence of any evidence to the contrary, proof that they are lawfully married;

(b) evidence that a person has in any way recognized a child as being his child is, in the absence of any evidence to the contrary, proof that the child is his child;

(c) evidence that a person has left his spouse and has failed, for a period of any one month subsequent to the time of his so leaving, to make provision for the maintenance of his spouse or for the maintenance of any child of his under the age of sixteen years is, in the absence of any evidence to the contrary, proof that he has failed without lawful excuse to provide necessaries of life for them; and

(d) the fact that a spouse or child is receiving or has received necessaries of life from another person who is not under a legal duty to provide them is not a defence. R.S., c. C-34, s. 197; 1974-75-76, c. 66, s. 8.

Abandoning Child

218. Every one who unlawfully abandons or exposes a child who is under the age of ten years, so that its life is or is likely to be endangered or its health is or is likely to be permanently injured, is guilty of an indictable offence and is liable to imprisonment for a term not exceeding two years. R.S., c. C-34, s. 200.

Uttering Threats / Punishment / Idem.

264.1 (1) Every one commits an offence who, in any manner, knowingly utters, conveys or causes any person to receive a threat

(a) to cause death or serious bodily harm to any person;

(b) to burn, destroy or damage real or personal property; or

(c) to kill, poison or injure an animal or bird that is the property of any person.

(2) Every one who commits an offence under paragraph (1)(a) is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years.

(3) Every one who commits an offence under paragraph (1)(b) or (c)

(a) is guilty of an indictable offence and liable to imprisonment for a term not exceeding two years; or

(b) is guilty of an offence punishable on summary conviction. R.S.C. 1985, c. 27 (1st Supp.), s. 38.

Assaults

Assault / Application / Consent / Accused's belief as to consent.

265. (1) A person commits an assault when

(a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;

(b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe upon reasonable grounds that he has, present ability to effect his purpose; or

(c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

(2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

(3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

(a) the application of force to the complainant or to a person other than the complainant;

(b) threats or fear of the application of force to the complainant or to a person other than the complainant;

(c) fraud; or

(d) the exercise of authority.

(4) Where an accused alleges that he believed that the complainant consented to the conduct that is the subject-matter of the charge, a judge, if satisfied that there is sufficient evidence and that, if believed by the jury, the evidence would constitute a defence, shall instruct the jury, when reviewing all the evidence relating to the determination of the honesty of the accused's belief, to consider the presence or absence of reasonable grounds

for that belief. R.S., c. C-34, s. 244; 1974-75-76, c. 93, s. 21; 1980-81-82-83, c. 125, s. 19.

Assault

266. Every one who commits an assault is guilty of

(a) an indictable offence and liable to imprisonment for a term not exceeding five years; or

(b) an offence punishable on summary conviction. R.S., c. C-34, s. 245; 1972, c. 13, s. 21; 1974-75-76, c. 93, s. 22; 1980-81-82-83, c. 125, s. 19

Assault With a Weapon or Causing Bodily Harm/ Definition of "bodily harm".

267. (1) Every one who, in committing an assault,

(a) carries, uses or threatens to use a weapon or an imitation thereof, or

(b) causes bodily harm to the complainant, is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years.

(2) For the purposes of this section and section 269 and 272, "bodily harm" means any hurt or injury to the complainant that interferes with the health or comfort of the complainant and that is more than merely transient or trifling in nature. 1980-81-82-83, c. 125, s. 19.

Aggravated Assault / Punishment

268. (1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant.

(2) Every one who commits an aggravated assault is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years. 1980-81-82-83, c. 125, s. 19.

Unlawfully Causing Bodily Harm.

269. Every one who unlawfully causes bodily harm to any person is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years. 1980-81-82-83, c. 125, s.19.

Sexual Assault / No defence.

271. (1) Every one who commits a sexual assault is guilty of

(a) an indictable offence and liable to imprisonment for a term not exceeding ten years; or

(b) an offence punishable on summary conviction. 1980-81-82-83, c. 125, s. 19; R.S.C. 1985, c. 19 (3rd Supp.), s. 10.

Sexual Assault With A Weapon, Threats to a Third Party or Causing Bodily Harm.

272. Every one who, in committing a sexual assault,

(a) carries, uses or threatens to use a weapon or an imitation thereof,

(b) threatens to cause bodily harm to a person other than the complainant,

(c) causes bodily harm to the complainant, or

(d) is a party to the offence with any other person, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years. 1980-81-82-83, c. 125, s. 19.

Aggravated Sexual Assault / Punishment.
273. (1) Every one commits an aggravated sexual assault who, in committing a sexual assault, wounds, maims, disfigures or endangers the life of the complainant.
(2) Every one who commits an aggravated sexual assault is guilty of an indictable offence and liable to imprisonment for life. 1980-81-82-83, c. 125, s. 19.

Corroboration not Required.
274. Where an accused is charged with an offence under section 151, 152, 153, 155, 159, 160, 170, 171, 172, 173, 212, 271, 272, 273, no corroboration is required for a conviction and the judge shall not instruct the jury that it is unsafe to find the accused guilty in the absence of corroboration. 1980-81-82-83, c. 125, s. 19; R.S.C. 1985, c. 19 (3rd Supp.), s. 11.

Rules Respecting Recent Complaint Abrogated
275. The rules relating to evidence of recent complaint are hereby abrogated with respect to offences under sections 151, 152, 153, 155 and 159, subsections 160(2) and (3), and sections 170, 171, 172, 173, 271, 272 and 273. 1980-81-82-83, c. 125, s. 19; R.S.C. 1985, c. 19 (3rd Supp.), s. 11.

Reputation Evidence.
277. In proceedings in respect of an offence under section 151, 152, 153, 155 or 159, subsection 160(2) or (3) or section 170, 171, 172, 173, 271, 272 or 273, evidence of sexual reputation, whether general or specific, is not admissible for the purpose of challenging or supporting the credibility of the complainant. 1980-81-82-83, c. 125, s. 19; R.S.C. 1985, c. 19 (3rd Supp.), s. 13.

Spouse may be Charged
278. A husband or wife may be charged with an offence under section 271, 272 or 273 in respect of his or her spouse, whether or not the spouses were living together at the time the activity that forms the subject-matter of the charge occurred. 1980-81-82-83, c. 125, s. 19.

SUMMARY OF REVISED WIFE ASSAULT POLICY

April 1, 1986.

This policy deals with a subject of continuing concern to officials of the justice system, to governments across Canada and to the general public - the assault of women by their husbands or common-law partners. It directs the justice system to recognize the criminality of wife assault and to take the necessary measures to ensure the protection of the woman concerned.

The revised policy directives contained herein were developed two years after the original policy was implemented in April of 1984. These revisions were the result of several monitoring and evaluation initiatives including:

1. Police and Crown Counsel record-keeping;
2. Corrections Branch survey of their field offices;
3. Province-wide review of Crown Counsel practices in a number of areas, including wife assault;
4. A study of the implementation of the policy by a police officer seconded to the Ministry for that purpose; and
5. Ongoing information from various informal sources as to the impact of the new wife assault policy over this two-year period.

The revisions to the original wife assault policy have not altered the intent of the policy nor shifted the emphasis way from the criminal nature of wife assault cases. Both the "arrest" and "charging" sections have been made clearer and other sections have been altered or deleted in order to emphasize what experience has shown to be the most important aspects of the policy. All branches of the Ministry of Attorney General were consulted prior to these revisions and it was agreed that the revised policy take effect on April 1, 1986.

Wife assault, for the purposes of this policy, is defined as physical assault or the threat of physical assault of women by men with whom they have or have had an intimate relationship, whether or not they are legally married or living together at the time of the assault or threat. It is estimated by researchers and professionals working with assaulted women that one in 10 of the women who live with men as a couple will be assaulted every year.

The problem is not a simple one, and it is further complicated by a number of myths and commonly held assumptions which have served to impede its resolution. Fears of breaking up families and concerns about the willingness of the women to follow through with criminal proceedings have served to limit justice system involvement in this area., Studies indicate, however, that these fears may be exaggerated, i.e. that law enforcement may serve to reduce the violence and thus contribute to stabilizing the family unit and that, when the initiative is assumed by the justice system and support provided, women will be more likely to cooperate with the criminal justice process.

In some cases the justice system response has been to consider wife assault as primarily a domestic or social problem, which is best handled outside the criminal justice system. Some police have tended to emphasize their "order maintenance" function as opposed to a "law enforcement" role. In practice, this has meant directing a couple towards counselling or conciliation services rather than dealing with the criminal nature of the assault. Indications are that this approach has been ineffective in reducing the incidence of wife assault and inadequate in terms of protecting the women concerned. Various projects in Canada and the United States have shown that, when coupled with effective law enforcement, counselling can help prevent the repetition or escalation of violence; however, these conciliation or counselling efforts should be a supportive or secondary function, not a substitute for law enforcement.

This revised policy contains a number of specific directives toward individual components of the justice system and is aimed at ensuring a coordinated and effective response to wife assault cases. The revised policy directives are inter-related, and follow naturally from endorsement of the four principles set out below which are not different from those set out in the original policy:

1. The criminal nature of wife assault is formally recognized.
2. Clear policy guidelines and procedural instructions are provided to all components of the justice system, reflecting the policy that wife assault cases are to be treated as criminal offences.
3. Orientation to this revised Ministry policy and related procedures is to be continued for police, Ministry staff, those working with assaulted women and the general public.
4. Implementation of the revised changes in policy continue to be monitored and regular reports made on the effectiveness of these efforts.

Ministry endorsement of these principles will continue to have practical benefits, not only for assaulted women, but for the justice system personnel who are regularly confronted with this problem. This coordinated approach will provide the framework to help resolve many of the difficulties currently encountered when justice system professionals deal with cases of wife assault.

The approval of these revised policy directives by the Executive Committee of the Ministry of Attorney General will enhance the system in terms of dealing with wife assault. It takes time to change the procedures and the attitudes of those dealing with wife assault, but progress has been made and will continue to be made over the next year. The following pages document the revised policy changes for all components of the justice system.

Ministry of Attorney General

Revised Wife Assault Policy

April 1986

POLICE POLICY

1. That the Attorney General's guidelines for RCMP and municipal police forces in British Columbia with respect to charging and arrest in wife assault cases read as follows:

CHARGING

When a complaint of a wife assault is received, the responsibility for forwarding a charge for approval by Crown Counsel lies with the police. When determining whether to recommend a charge, the officer is encouraged to proceed with that recommendation regardless of the apparent willingness of the victim to give evidence or the level of the assault. Except in circumstances where time does not allow, a Report to Crown Counsel will be the document forwarded to Crown for charge approval.

ARREST

Every effort should be made to arrest the suspect if the grounds to do so exist. Police officers are reminded that consistent with the release provisions of the *Bail Reform Act* is the ability to effect an arrest if the attending officer believes the offence may be repeated. To assist in determining the likelihood of further assault, the attending officer is reminded of the fact that wife assault is known to be a recurring offence.

Where operational circumstances allow, the suspect should be held for a Justice of the Peace or Provincial Court Judge for release on an undertaking specifying no contact with the victim until case disposition. The use of no-contact orders provides some possible short-term protection for the victim and re-affirms the criminal nature of the assault.

Although the policy may be perceived to interfere with an officer's discretion inherent in Common Law, it must be recognized that wife assaults have distinctive dynamics not found in other assault incidents. The reluctance of the victim is complex, emotional, and often difficult to understand. However, a pro-active police response, regardless of the victim's wishes, may, in the long run, prevent further assaults within the family context.

PROCEDURE

2. That monitoring take place with respect to ensuring that wife assault calls are treated as priority responses where applicable and appropriate safety information on the nature of these calls be reviewed on an ongoing basis.

3. That, where police do not, for any reason, respond, dispatchers record details of the call and the reason for the non-response.

4. That a standardized information system be developed and implemented to provide adequate information both for police officers responding to wife assault calls and for monitoring and research purposes.

5. That, as resources permit, a province-wide computerized system be developed or incorporated into an existing system to provide up-to-date information on the existence and status of any restraining or no-contact order, probation order or peace bond.

6. That referral cards be provided to the woman at the time of response containing information on:

   (1) transition houses and legal and social services available in the community, including reference to Family Court Counsellors;

   (2) the individual's right to lay a private information in the event of no action being taken by authorities; and

   (3) the case number and attending officer's name and/or number and telephone number; and

   that the police officer offer to make appropriate referral calls on behalf of the woman and request that someone contact her if she so wishes.

7. That, where necessary or desired by the woman and within police ability, police refer and accompany her and her children to a transition house or another location within the force's jurisdiction or otherwise ensure their safe transport to such a location.

8. That, where requested, police fulfill their function of standing by to keep the peace in the event either spouse wishes to return to the marital home to collect their personal effects and those of the children.

9. That police complete and place on file a detailed occurrence or investigation report for all responses to family violence situations, including those which do not immediately appear likely to proceed to prosecution. Where action is not taken to proceed with charges, the reason for such inaction should be included in the occurrence or investigation report.

10. That, where resources exist and the need is apparent, crisis teams involving social services professionals be established to support regular police officers in responding to wife assault calls. These teams should be used only as a support, not an alternative to a generalist approach or a law enforcement function.

11. That, where resources are not available but the need exists, crisis teams involving local social service professionals be developed on an informal basis.

TRAINING

12. That all RCMP and municipal recruits and veterans be trained in the nature, extent and appropriate response to wife assault in British Columbia.

13. That the Justice Institute Police Academy and RCMP "E" Division Training Academy programs be expanded and work in close collaboration to provide this training to all persons involved in the police process including civilian personnel, municipal recruits and veterans and RCMP officers.

14. That such training courses
    (1) be developed in cooperation with community people working with battered women;
    (2) address values, attitudes and myths which operate to lower police charging and arrest rates;
    (3) address the needs of the victims and characteristics of the batterers;
    (4) emphasize the appropriateness of police response;
    (5) provide information on the social and legal services available in the Province and the particular community in which the officer will be working;
    (6) emphasize criminal and civil remedies which may be pursued in wife assault cases rather than reconciliation.

15. Review existing training of police communications personnel in establishing risk to victims and in obtaining essential information in wife assault cases.

MONITORING

16. That police record all instances of wife assault and that occurrence and investigation reports and charge sheets for all assaults indicate the relationship between the victim and the assailant, and that the form used to report to Crown Counsel be amended to include the relationship between the victim and offender.

17. That a central information registry of restraining orders, convictions, peace bonds, no-contact orders and information on the circumstances of previous charges be maintained in each detachment and made available to police answering domestic dispute calls. Where it is impossible to transmit such information over car radios, greater use should be made of telephone communications.

18. That the development of police data systems currently underway address the problem of making information on wife assault cases readily accessible, by means of an overcode to the Criminal Code or some other method such as the Police Information Retrieval System (PIRS).

19. That responsibility for ensuring implementation of the foregoing recommendations be assigned to a specified individual in Police Services Branch of the Ministry and, at the local level, to the municipal Chiefs of Police and commanding officers of RCMP Detachments.

20. That each department and detachment monitor the cleared-by-charge rate with respect to wife assault statistics. When the rate of police charging is judged to be inadequate every effort should be made to rectify the situation.

CROWN COUNSEL POLICY

1. That criminal proceedings in cases of wife assault be pursued where the evidence warrants it.

2. That the continuance of the prosecution not be guided solely by the wishes of the victim and that, where a victim indicates a desire to withdraw the charge, Crown Counsel consult personally with the victim and advise the victim of the availability of support services to assist her throughout and following the court process.

3. That, where the victim is opposed to the charge proceeding, Crown Counsel consider having the victim appear in court on the stay of proceedings or withdrawal of the charge, if it would be appropriate and the victim agrees.

4. That the victim, regardless of who has sworn the Information, be under subpoena as a witness as opposed to any form of informal notification. In this fashion, the witness will be in a position, when under pressure to stop the prosecution, to indicate that she has no choice since she is under subpoena.

5. That Crown Counsel maintain a charging policy which does not, as a practice, distinguish a wife assault case from any other type of assault. It would include the principle that the police swear the Information on reasonable and probable grounds.

6. That Crown Counsel, where appropriate, seek 'non-contact' orders on Judicial Interim Release hearings and/or on sentence.

7. That Crown Counsel, in cases of wife assault, seek sentences comparable to those sought in cases where the parties are not related.

8. That in-service training courses be developed for Crown Counsel on the topic of wife assault, particularly focusing on the psychological, emotional and informational needs of victims in the criminal justice process. These courses should be developed in consultation with people working with assaulted women.

9. That Crown Counsel shall interview the victim in advance of the trial date.

10. That no case of wife assault be diverted without the concurrence of the victim and that a person who has previously been diverted on a case of wife assault shall not be diverted in connection with a subsequent incident.

11. That Crown Counsel, when speaking to sentence, advise the court of any options for treatment programs and advocate appropriate treatment programs and mandatory counselling.

12. That responsibility for ensuring the implementation of these recommendations be assigned to Regional Crown Counsel in each Region of the Province and that Regional Crown Counsel develop and maintain a system to monitor whether or not the recommendations are being followed.

13. That, in serious cases, where Crown Counsel may be considering contempt proceedings against the victim for failure to testify, the Assistant Deputy Attorney General, Criminal Justice Branch, shall be consulted prior to any action being taken.

JUSTICE OF THE PEACE POLICY

1. That, in light of the policies being proposed for the police and Crown Counsel, the

Ministry recommend to the Chief Judge of the Provincial Court that the Court's policy governing Justice of the Peace actions with respect to wife assault be:

(1) to provide Justices of the Peace with clear written guidelines with respect to Ministry policy on the handling of wife assault cases, drawing their attention to the changes effected by *Bill C-127* and requesting them to issue process in all cases of alleged wife assault, thus leaving Crown Counsel to determine whether the case should be pursued;

(2) in those cases where process is not issued, to request Justices of the Peace to record their reasons for not doing so and to file the information in such a manner as to be easily retrievable for research purposes; and

(3) to develop and implement training programs for new and current Justices of the Peace about wife assault and the values, attitudes and myths which have operated to treat it as a non-criminal offence and, in particular, about the Ministry's policy regarding the criminal processing of wife assault cases. Such training programs should be developed in cooperation with community people working with battered women.

(4) in swearing an Information respecting an alleged wife assault, a Justice of the Peace will enquire whether the informant has informed the police of the circumstances. Where police have not been informed, the Justice of the Peace will encourage the informant to contact the police for that purpose.

CORRECTIONS BRANCH POLICY

1. That, in their work with families in which physical assault takes place or is threatened, the primary concern of Family Court Counsellors and other Corrections staff be to assist the assaulted woman to provide for her own safety and that of her children.
2. That Family Court Counsellors and those who supervise them be aware of typical dynamics of families in which wife assault occurs, especially the power imbalances played out in coercive and placating interactions, and exercise great caution in encouraging conciliation, particularly in joint interviews where these dynamics may be present.
3. That Family Court Counsellors and those who supervise them be aware of typical effects of wife assault on children. Counsellors should take these and the children's views into account when considering access by the respondent to the children.
4. That Family Court Counsellors offer the abusive respondent legal information, an opportunity to discuss the family situation and the children's concerns and needs, and referral to therapeutic or other community services. Depending on the applicant and children's need for protection and views on conciliation or reconciliation, settlement of family law issues like custody, maintenance, occupation of the home and non-entry by consent orders may be negotiated.
5. That the Probation Officer preparing a pre-bail report or pre-sentence report discuss possible recommendations with the victim and take her views and concerns into account. The Probation Officer preparing a report or supervising the offender on bail or probation should maintain contact with the Family Court Counsellor if one is involved and, if one is not involved, ensure that the victim is aware of protective and supportive services available to her, including the services of the Family Court Counsellors. The Probation Officer should also ensure that the victim and the Family Court Counsellor are aware of the terms of interim release or probation and what to do if these terms are breached in order to re-affirm the criminal nature of wife assault.
6. That the Justice Institute training for Probation Officers and Family Court Counsellors include increased emphasis on working with families in which wife assault occurs, the dynamics of such families and the impact on children. These topics should be a priority for Basic and Essential Refresher Training for current Family Court Counsellors and their supervisors.

VANCOUVER WIFE ASSAULT COORDINATION COMMITTEE

Justice Sub-Committee

SPECIAL PLANNING MEETING

December 18, 1991

Report prepared by:

Mike Talbot, Facilitator

5.0 RECOMMENDATIONS FOR SERVICES

Participants divided into four small groups in order to develop recommendations for the implementation of the Vision for both services and organizational functioning in the area of wife assault.

Recommendations were of two types:

1. Activities requiring a modest amount of resources that could be implemented in the short term;
2. Activities requiring significant resources or amounts of time.

Due to shortage of time, not all those elements of the Vision identified as warranting attention were considered.

5.1 Services - Overall

Vision: A system that is children- and women-friendly.

Recommendation: To train those working in the system to be sensitive to the needs of women and children.

5.2 Prevention

Vision: Education of schoolchildren.

Short Term Recommendation: Ministry of Education and School Boards to develop a policy to provide education and awareness to all school age children on the issues of crimes against women and children.

Long Term Recommendation: Implementation of the above policy in all schools in B.C.

Education Ministry to hire appropriately trained workers to train teachers and assist in developing curriculum, to produce pamphlets, books and videos appropriate to the subject and age level of children.

__Vision__: Relevant professionals are trained in the area of family violence.

Short Term Recommendation: The Attorney-General of B.C. and Canada develop a policy that all judges, Crown, police, MSSH are trained in the area of crime against women and children. Each of the above groups develop a training program on the issue and implications of crime against women and children.

Long Term Recommendation: The Attorney-Generals of B.C. and Canada develop a monitoring system to oversee the implementation of the training programs.

5.3 Support/Protection for Victims

__Vision__: Legal services available to women at the time of assault.

Short Term Recommendation: Develop a free service to provide emergency and legal advice to victims of wife assault.

5.4 Advocacy

__Vision__: Advocacy centres in every community.

Short Term Recommendation: To gather together all the existing community program workers to identify areas that require advocacy centres (i.e. feasibility study).

Long Term Recommendation: Funding should be available through the B.C. Attorney-General to establish advocacy centres in the aforementioned areas to assist victims of wife assault.

5.5 Response to Alleged Offenders

__Vision__: Severe and immediate Court penalties.

Short Term Recommendation: Attorney-General Wife Assault Policy revised to include guidelines for:

(a) Bail (Corrections, JP and Crown) to include both conditions and enforcement;

(b) Sentencing guidelines (Crown and Corrections) to include:

- Victim impact statements and pre-sentence reports;
- Conditions and enforcements;
- Increasing consequences for repeat offenders;

(c) Breach, include conditions and enforcement.

Long Term Recommendation: Ongoing monitoring and enforcement of above. Evaluation of the above.

Vision: Integration of offenders into a therapy group.

Short Term Recommendation: Enforceable, standard condition of probation orders, "to attend, participate and complete" treatment for wife assault.

Long Term Recommendation: Expand treatment programs so that they are available to more offenders.

Vision: Response to family violence is top priority of police, Crown judiciary.

Short Term Recommendation: Any education/training program for CJS personnel includes explanation of benefits of expeditious handling.

Long Term Recommendation: Expand above to all levels of justice system education (e.g. law school, police academy, etc.).

Vision: Specialized probation officers.

Short Term Recommendation: Increase number of specially training POs (one per local office?).

Long Term Recommendation: Establish specialized supervision offices (one in Metro Vancouver?).

6.0 RECOMMENDATIONS FOR ORGANIZATIONAL FUNCTIONING

The following recommendations were made to implement the Vision for organizational functioning.

6.1 Accountability (Monitoring Control)

Vision: Monitoring and tracking of wife assault cases.

Short Term Recommendation: All judicial systems and organizations, including police, Crown counsel, Corrections (Provincial and Federal) and Victim Services, establish an internal monitoring and auditing process to determine the degree of compliance with the Attorney-General's Wife Assault Policy; and report annually to the A-G on the number of cases and degree of compliance.

Long Term Recommendation: The A-G to establish an "external" standing committee with the mandate to: research, monitor, audit and make recommendations in all matters relating to the justice system's treatment of cases falling under the wife assault policy.

Vision: Basic standards of service delivery established.

Short Term Recommendation: Establish inter-agency committee to set out standards.

Long Term Recommendation: (To be completed).

Vision: More legal aid for women.

Short Term Recommendations:

1. Legal Services Society to fund women assault duty counsel on call for female survivors of assault. Referral to be provided by police;

2. Legal Services Society funds to be allocated to family law tariff to increase tariff and remove maximum's re-trial days (criminal cases do not have maximum trial day coverage).

Long Term Recommendations:

1. Statistics to be compiled re user need and women, as proportionately higher users of family services, be allocated a larger proportional share of resources;

2. Legal Services Society to provide training programs and information regarding wife assault to lawyers doing legal aid.

(Additional recommendations regarding legal aid not generally endorsed by the group:

- Monitoring of services provided by legal aid lawyers;
- Legal aid lawyers account to no one and client seldom able to complain;
- All B.C. law firms to be required to provide a percentage of their practice to legal aid clients (system in operation in Ontario)).

6.2 Coordination

Vision: Effective coordination and understanding of roles.

Short Term Recommendation: Each agency develop a policy based on the Vancouver WACC Mission Statement and Goals and A-G Policy. Select representative to work with inter-agency coordination body to develop and approve inter-agency protocols (including monitoring as a protocol).

Long Term Recommendation: Inter-agency representatives come together with their agency policies to develop an inter-agency protocol including monitoring/accountability guidelines and produce a manual which could serve as a prototype to be used by the government to develop an inter-Ministerial handbook on wife assault.

Using the manual produced by the inter-agency protocol group training will be designed and delivered on a regular basis and all agencies will be responsible for their own ongoing staff development.

6.3 Training

Vision: Culturally sensitive training.

Short Term Recommendation: To develop a multi-disciplinary training which includes dynamics of offending behaviour on the issue of wife assault that is sensitive to issues of race, class, gender and sexual orientation (N.B. not dealing with same sex crime at present). The content of such training to be developed in partnership between service delivery experts and representatives from education, social services, health and Attorney-General.

Long Term Recommendation: All professional disciplines have as part of their formal education, training in gender based crime and the impact of offender behaviour.

INFORMATION SHEET

FAMILY JUSTICE REVIEW

GOAL:

To create a vision which will sustain the ongoing and continuous improvement to the family justice system. It will focus on better service to clients and use their input to shape the service.

OBJECTIVES:

To improve the coordination, accessibility and understandability of those services to the public within reasonable time and resource constraints.

SCOPE:

For the purpose of the review, the family justice system is defined as those programs, structures and services dealing primarily with the issues associated with family breakdown, and does not include substantive legal issues or child protection issues.

APPROACH:

The project is adopting a client based or service quality approach. Central to that approach is the need to identify what the family justice system's clients want, tailor services to their needs and establish service standards and measure performance against those standards. It also emphasizes empowering staff with resources and management structures necessary to meet client needs.

Focus groups, involving clients and service providers, will be held in a number of communities in the province. The information collected will begin to establish the needs of both service providers and clients and their perceptions on how the existing system presently meets their needs.

PRINCIPLES:

The Review will be developing a uniform set of principles to be utilized by all personnel. The following preliminary principles will be tested with staff and clients.

- The family justice system must be understandable.
- The components of the family justice system must provide a coordinated response to the needs identified by clients (family members).
- The management of the family justice system must allow service providers to be responsible to the unique and individual needs of all clients.
- Access to family justice system dispute resolution and support services provided by government must be equitable*, affordable and timely.

- The family justice system should promote a range of dispute resolution alternatives which allow families to choose the mechanism which is compatible with their needs, financial abilities, and legal requirements.

- The family justice system must recognize the special needs and interests of children.

- The family justice system must include effective mechanisms for the enforcement of all court orders respecting family matters.

- Staff and service providers within the family justice system must have the skills to deal sensitively and effectively with persons undergoing family breakdown.

- Family justice system facilities must be designed to ensure client privacy and security, accommodate disabled persons, and should provide child care resources for those using these facilities.

- The family justice system must work in partnership with other ministries, non-government organizations, and communities to build family strengths in order to reduce family breakdown.

* In order to achieve equal access to the law, certain people, particularly visible minorities, the disabled, aboriginal people and women, may require services in addition to those usually provided.

Contact person:

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Family Justice Review
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February 5, 1992

ASSOCIATION OF COUNSELLORS OF ABUSIVE MEN

COMMON ASSUMPTIONS FOR EFFECTIVE TREATMENT

1. Wife assault is a crime and treatment should not preclude the use of criminal justice sanctions.

2. Men are solely responsible for their abusive behaviors and will be held accountable.

3. The purpose of men's abusive behaviors is to exert power and control over women.

4. Group treatment is the preferred model for working with abusive men.

5. Treatment must address the full range of abusive behaviors, including psychological, physical, sexual and destruction of property.

6. The safety of the victim is the primary goal of intervention and contact with the victim and/or the man's current partner, with her consent, must be maintained throughout the course of treatment.

7. While alcohol and drug abuse is not the cause of violence, when it is a contributing factor it must be addressed.

8. Some psychiatric disorders may preclude men from treatment.

9. Women partners of abusive men will be informed of their legal rights and available resources.

Vancouver, B.C.
November 30, 1990

Public Services to Children, Youth and Their Families in British Columbia:

The Need for Integration

Public Report No. 22
Ombudsman of British Columbia

Recommendation #3

That government, in consultation with relevant consumer groups, service providers, and professional schools and organizations, review current approaches intended to promote and support integrated multi-disciplinary service delivery in the child, youth and family service field with the objective of:

a) ensuring easy access to needed services for children and youths with special needs;

b) minimizing the need for unnecessary multiple assessments when more than one service may be required by a child or youth with special needs;

c) establishing multi-disciplinary, cross-ministry approaches to case management that reinforce the need for consumer participation and consensual approaches to service planning and decision making;

d) ensuring the appropriate regulation, monitoring and enforcement of practice standards for counsellors and therapists in private practice;

e) encouraging multi-disciplinary approaches to professional education, research and staff development with particular attention paid to the training needs of front-line service providers; and

f) effectively utilizing child psychiatrists and psychologists so that funding adequacy and flexibility enables their increased use as diagnosticians, consultants, researchers and trainers.

Recommendation 4

That the proposed Child and Youth Secretariat undertake a comprehensive review of the cross-ministry service delivery system to children and youths with special needs and their families, and, in consultation with communities, consumers and service providers, formulate recommendations to government within two years intended to ensure:

a) integrated approaches to information-based planning, policy and program development and service delivery;

b) the existence of a culturally appropriate and regionally sensitive continuum of multi-disciplinary services that are easily accessible to special needs children, youths and their families;

c) a special focus on the need to develop responsive, locally accessible preventive services that support families and ensure the safety, health and well being of children and youths;

d) the existence of formal and effective links with communities in planning, organizing, delivering, monitoring and evaluating publicly funded services.

REACHING FOR SOLUTIONS

Report of the Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada (The Rix Rogers Report).

Recommendation 8

That a federal-provincial/territorial cost-sharing program be established in the area of child abuse. Provisions should include:

- a phased-in pilot program arrangement under specific budget amounts, which can be assessed for effectiveness and increased on an annual basis;
- support for local child abuse coordinating committees;
- costs of child abuse coordinators at the community level, including aboriginal communities and disabled children;
- additional resources to assist currently under-resourced front-line services;
- a way of meeting significant gaps in services that currently exist;
- costs of mental health and social services for victims, other family members and adult survivors, including self-help groups; and
- support to the operation of Regional Resource Centres.

Recommendation 9

That, in order to support current initiatives within provincial/territorial jurisdictions, each province and territory ensure an appropriate interdepartmental mechanism is established to co-ordinate programs and resources to address child abuse issues.

Recommendation 10

That provincial/territorial governments ensure that locally based coordinating committees are encouraged and supported, with the assistance of child abuse coordinators. These committees should facilitate the work of teams of workers from two or more agencies who may be responsible for such matters as investigation and treatment, and should ultimately be eligible for federal cost-sharing (see Recommendation 8).

Recommendation 11

That the Canadian Medical Association, in conjunction with provincial/territorial medical associations, carefully review the issues facing the medical profession in relation to child abuse and bring forward recommendations that will address these issues. The scope of the enquiry should include:

- orientation and updating of all medical personnel to the emerging realities of child abuse, including orientation to new resources related to the medical examination, sexually transmitted diseases in children and protocols for reporting, including the vulnerability of disabled children;

- protocols for family doctors in smaller communities related to reporting and assisting with victim assessment and treatment requirements; and

- provincial/territorial health plans that, in conjunction with their respective medical associations, provide remuneration arrangements for child abuse cases to adequately reflect their difficult and sensitive nature, and allow time billing.

Recommendation 12

That protocols be developed in each local community and rural region to facilitate interdisciplinary and inter-jurisdictional co-operation among service providers and various systems in combating child abuse.

Recommendation 13

That the provinces and territories have an appropriate mechanism for independently monitoring services for children by government departments and their agents and for investigation of complaints by and on behalf of children, utilizing the best experiences already developed. The mandate should include a commitment to the declaration of principles on the handling of children's complaints, already adopted by the Conference of Canadian Ombudsmen, and the United Nations Convention on the Rights of the Child. The mechanism should include responsibility for monitoring services provided to children by government and on behalf of government by non-governmental and private organizations. Where such a mechanism is already in place, it must be ensured that it is independent and easily accessible. It should also publish an annual report regarding the government's performance in serving children.

Recommendation 15

That Health and Welfare Canada continue to work with the Council of Ministers of Education and the national education associations in developing long-range programs of values education, including those related to issues of patriarchy and hierarchy, domestic violence and sexual abuse.

Recommendation 16

That provincial ministries of education, culture and recreation, and social services should continue to fund and plan strategies that will encourage and enhance liaison between school personnel and community leaders, supported by developmentally appropriate preventive education programs, targeting pre-school through elementary to secondary levels of education. As well, teacher training must regularly deal with child sexual abuse.

Recommendation 17

That the federal and provincial/territorial governments continue to support community-based primary prevention, public awareness programs so that all sectors of society are encouraged to participate in the prevention of child sexual abuse.

Recommendation 20

That all relevant professional associations be encouraged to develop policy with respect to child abuse and the role their professionals should play in the detection, treatment and prevention of abuse.

Recommendation 21

That child and youth serving organizations in Canada continue and further develop their efforts to combat child abuse in Canada, including the addition of an official policy to prevent child abuse within their organization. Official policies should set out guidelines related to the selection, training and screening of leaders.

Recommendation 23

That in each jurisdiction there should be a clear government policy to charge and prosecute child abusers in every case where the Crown Attorney is satisfied that there is sufficient evidence to merit prosecution and that the child will not be unduly traumatized by the process.

Recommendation 24

That local protocols should address the problem of delay of treatment and ensure that children are not denied access to treatment pending resolution of criminal proceedings.

Recommendation 25

That all police officers and supervisory personnel receive training in issues related to child sexual abuse and domestic violence; and

That all police forces have officers who specialize in the handling of child sexual abuse cases and who have had specialized multi-disciplinary training in programs of at least one week's duration.

Recommendation 26

That legislation or policy in each Canadian jurisdiction require that an autopsy or investigation will normally be performed in cases where a child under the age of 18 dies as a result of suspected abuse, accident, homicide, suicide or unknown cause. The chief medical examiner should review all children's deaths where a child welfare agency has been involved.

Recommendation 31

That provincial/territorial governments take steps to ensure the effective implementation of Bill C-15, including jurisdiction-wide access to videotaping, closed-circuit TV, screens, child victim witness support programs, and Crown continuity in the handling of child abuse cases.

Recommendation 32

That those responsible for the administration of justice in each jurisdiction ensure that policies are established to show sensitivity to the needs of professionals called upon to testify in child sexual abuse cases. There must be respect for professional needs when scheduling court appearances, as well as reasonable compensation.

Recommendation 33

That provincial/territorial attorneys general develop policies to give priority in court scheduling to child sexual abuse cases.

Recommendation 35

That the National Judicial Education Centre in Ottawa and provincial and national judges' associations ensure that judicial education programs include a study of the legal issues related to child sexual abuse, and the needs and capabilities of child witnesses.

Recommendation 37

That sentencing judges receive information about the damaging long-term effects of child sexual abuse. This information should be imparted in judicial education programs as well as in individual cases through evidence at sentencing hearings.

Recommendation 38

That federal and provincial/territorial corrections departments ensure that convicted child abusers have access to treatment services;

That provincial/territorial treatment services should eventually be eligible for federal cost-sharing (see Recommendation 8);

That sentencing judges be provided with appropriate information about child abusers and available resources, and that they have the jurisdiction to order a pre-sentence assessment prepared by a mental health professional or assessment team;

That federal legislation be amended to permit judges to order that treatment services be available to offenders; and

That the pre-sentence assessment be forwarded to correctional authorities responsible for the management and the treatment of the offender following sentencing.

Recommendation 39

That provincial/territorial justice and corrections officials be encouraged to establish experimental post-charge programs for dealing with offenders. These programs should be carefully studied and monitored. Their success may eventually justify legislative amendments and more widespread programs.

Recommendation 40

That Parliament amend the Criminal Code to allow judges to order probation terms of up to life for those convicted of sexual offences; and

That probation services ensure that those on probation orders actually comply with the terms of their orders.

Recommendation 41

That parole legislation be amended to allow longer periods of supervision and support beyond the warrant expiry date for those released from prison following commission of a child sexual abuse offence. It is important that supervision and support in the community following release from custody apply to adolescent offenders sentenced under the Young Offenders Act;

That parole staff and board members receive adequate training in the characteristics and treatment of those who sexually abuse children; and

That released offenders have adequate access to community-based treatment resources.

Recommendation 42

That provincial/territorial governments ensure that adequate services are provided to 16- and 17-year old adolescents who have been victims of abuse. Consideration should be given in each jurisdiction to ensuring that child protection legislation and services are applicable until a youth reaches the age of 18.

Recommendation 43

That provincial/territorial governments amend their legislation to facilitate the giving of evidence by children in civil cases. They should expand the scope for use of video tapes and out-of-court statements of children, and should at least ensure that child witnesses receive all the benefits of Bill C-15.

Recommendation 44

That child abuse protocols deal with issues related to parallel civil and criminal proceedings, and ensure that decisions about a child's welfare are not postponed solely to satisfy the needs of the criminal justice system; and

That provincial/territorial legislatures enact legislation to render admissible in a child protection case transcripts from a prior criminal trial.

Recommendation 45

That police and child protection investigators have special training in the dynamics of abuse allegations in the context of parental custody or access disputes and that they continue to be involved as long as there is evidence of abuse sufficient to merit criminal proceedings or a risk to the child.

Recommendation 46

That the federal government co-operate with the provincial/territorial governments to establish Unified Family Courts throughout Canada.

Recommendation 47

That provincial/territorial governments review the legislation and policies that govern Criminal Injuries Compensation Boards to ensure that victims of child sexual abuse receive compensation and support that recognizes the intangible nature of their injuries and their long-term needs;

That consideration be given to allowing for compensation for abuse suffered prior to the establishment of the boards; and

That the existence of the boards be publicized to victims of abuse and to those who work with them to ensure that all who are eligible can apply.

Recommendation 48

That provincial/territorial governments review the legislation and policies that govern Criminal Injuries Compensation Boards to ensure that victims of child sexual abuse receive compensation and support that recognizes the intangible nature of their injuries and their long-term needs;

That consideration be given to allowing for compensation for abuse suffered prior to the establishment of the boards; and

That the existence of the boards be publicized to victims of abuse and to those who work with them to ensure that all who are eligible can apply.

Recommendation 52

That provincial/territorial governments establish screening mechanisms to ensure that those with a history of child abuse do not assume positions of responsibility for children. The screening should utilize registers that identify abusers on the basis of a civil or criminal finding, and offer alleged abusers the right to due process. The federal government must ensure that provincial/territorial registers have access to criminal records related to child abuse; and

That, if requested by provincial/territorial governments, the appropriate federal departments should provide access to social insurance numbers or fingerprints to permit screening for a history of child abuse by persons seeking or occupying a position of responsibility for children. There must be appropriate measures undertaken to protect privacy.

Recommendation 53

That provincial/territorial officials consult with one another with a view to establishing common concepts and definitions for identifying and registering child abusers and to discuss inter-jurisdictional problems, particularly those related to screening.

Recommendation 54

That addressing the needs of adult survivors of child sexual abuse should be an important objective for provinces and territories, and that self-help and other community-based support programs for survivors be considered eligible for cost-sharing programs with the federal government (see Recommendation 8).

Recommendation 55

That the current Federal/Provincial/Territorial Committee on Mental Health continue its active efforts to improve mental health services to children, especially those who are victims of child sexual abuse; and further

That provincial/territorial governments develop methods of providing psychiatric consultation services in community-based settings, as well as utilizing the services of psychologists, social workers, and community health nurses.

Recommendation 56

That provincial/territorial governments address the gaps in the delivery of treatment services, such as the need for crisis care management teams, comprehensive diagnostic assessment services, and the adequate support of community-based agencies.

Recommendation 57

That the federal government, in partnership with provincial/territorial governments, study the particular problems in providing treatment services to rural and remote communities and develop innovative agreements to better utilize treatment specialists, self-help groups, indigenous helpers and community volunteers. These initiatives should be cost-sharable (see Recommendation 8).

Recommendation 58

That provincial/territorial policies and therapists ensure that treatment plans for child victims are shared with non-offending parents and other caregivers, and that these individuals are appropriately involved in the healing process.

Recommendation 60

That the Expert Advisory Committee on Healing and Treatment (see Recommendation 7) in conjunction with experts in the field and appropriate government jurisdictions, develop a long-range plan for effective sex offender treatment strategies. This may involve supporting work that has already been completed, such as the Solicitor General working group, and/or initiating further consultation and research activity. The implementation of proposed changes will require consultation and co-operation of all the government jurisdictions involved.

Recommendation 61

That the Canadian Association of Chiefs of Police and the RCMP review police policy and practice related to the investigation of child sexual abuse and the necessary levels of expertise required by police officers in this area;

That police departments support policies to ensure there are front-line specialists available for child abuse cases; and

That, through the Canadian Police College, senior police officials be required to take an orientation program dealing with the area of child abuse.

Recommendation 62

That Canadian law schools ensure that all students acquire a basic understanding of the issues of domestic violence and child sexual abuse, perhaps in the context of their family law or criminal law courses. Interested students should have the opportunity to take advanced-level courses dealing with child sexual abuse and to acquire clinical experience in the area. Continuing legal education programs should regularly be offered on the subject of civil and criminal aspects of child sexual abuse.

Recommendation 63

That provincial ministries of the Attorneys General offer week-long training programs for Crown Attorneys, child protection investigators and court-based counsellors on adequate preparation for sensitivity of child victims and on such issues as the use of videotapes.

Recommendation 64

That the responsible departments of government ensure that all probation and parole officers receive specialized training in child sexual abuse.

Recommendation 65

That Health and Welfare Canada, in conjunction with provincial/territorial governments, ensure that appropriate training concerning the identification and treatment of victims of child sexual abuse is available and encouraged for those professionals who are working on the front line of family service, such as family counsellors, public health nurses and workplace counsellors.

Recommendation 66

Professional schools and colleges should ensure that those who will work with children are competent to respond to cases of child sexual abuse disclosure, using a humane child-centred approach consistent with established community protocols and the laws of the land.

Recommendation 68

That Health and Welfare Canada continue to involve national associations, scholars, practitioners, professional groups, government agencies and research councils in dialogue about child sexual abuse and that, with the assistance of provincial/territorial governments, it encourage similar discussion at provincial/territorial levels for the purposes of clarifying information and research needs. Other relevant federal departments should also be involved. In addition, such discussions should include representatives of the relevant national level research councils such as the social sciences and humanities research council and the medical research council.

Recommendation 69

That the proposed Children's Bureau of Health and Welfare Canada, in conjunction with other federal departments and provincial/territorial departments, establish a federal-provincial/territorial committee to establish common definitions related to child sexual abuse so that a national statistical data base can be established.

Recommendation 70

That the federal government appoint an Aboriginal Expert Advisory Committee on child abuse with a mandate to develop a five-year action plan [1] to address child abuse and related issues in aboriginal constituencies. The Expert Advisory Committee should be made up of aboriginal representatives, including band councils, aboriginal associations, aboriginal workers, child abuse experts and representatives from appropriate government jurisdictions. The Expert Advisory Committee should hold national and/or regional consultations with representatives of aboriginal communities to ensure that the emerging plan reflects the realities and concerns of local communities.

Recommendation 71

That the Children's Bureau of Health and Welfare Canada, in conjunction with other federal departments, the provinces and territories and appropriate non-governmental associations and professional groups, establish a special task force or federal-provincial/territorial committee to examine the issues of child abuse for children in institutional settings, very young children, disabled and disturbed children and new Canadians. The task force should be asked to report within 18 months with comprehensive strategies to reduce the risk of child abuse for these children.

Recommendation 72

That the Children's Bureau of Health and Welfare Canada in conjunction with the provinces and territories and appropriate non-governmental associations and professional groups establish a special task force or federal, provincial/territorial committee to examine the issue of child abuse in rural and remote communities. The task force should be asked to report within 18 months with comprehensive strategies to deal with child abuse in rural and remote settings.

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[1] Government and native child welfare agencies have already initiated programs to address aboriginal child sexual abuse. Where solutions are evident, communities will be undertaking immediate action. Along with these immediate steps, however, it is anticipated that a longer-range strategy will be needed; hence the reference to five years.

MINISTRY OF SOCIAL SERVICES

CHILD WELFARE INITIATIVES

REVIEW OF THE FAMILY AND CHILD SERVICE ACT

A comprehensive review of British Columbia's child protection legislation will be carried out under the leadership of a community panel. The panel will be co-chaired by Pat Chauncey of End Legislated Poverty and Brent Parfitt, Acting Ombudsman.

The panel will hold public meetings in 20 communities throughout the province beginning in February, 1992. In addition, meetings will be held with the Aboriginal community, special interest groups, and Ministry staff.

Some of the issues that will be raised are child poverty, the role of the state in family matters, varying cultural values, the changing family, and the rights of children.

The panel will report to the Minister of Social Services in the fall of 1992. This will be followed by the tabling of new legislation in the spring of 1993.

NATIVE CHILD WELFARE

The Ministry of Social Services has entered into child welfare agreements with four Aboriginal Bands/Tribal Councils, and is committed to transferring greater responsibility to bands and tribal councils over their child welfare matters. The Ministry has developed, or is in the process of developing, protocol agreements with bands, tribal councils and other Aboriginal organizations to ensure cooperative planning for their children and families.

LOCAL AND REGIONAL CHILD AND YOUTH COMMITTEES / CHILD AND YOUTH SECRETARIAT

Established in January, 1991, the Child and Youth Secretariat promotes the coordination, integration, and implementation of Government policies for children and youth across British Columbia.

Local and Regional Child and Youth Committees across the province work together to develop integrated child and youth programs and to identify child and youth issues at the local and regional levels.

SOCIAL WORK STANDARDS OF PRACTICE PROJECT

The Superintendent of Family and Child Service, with assistance from a multi-disciplinary Advisory Committee is developing standards of practice to guide Ministry Social Workers in their work with families and children.

Advisory Committee:

British Columbia Association of Social Workers
British Columbia Government Employees Union
Children's Hospital - Child Protection Unit
City of Vancouver
Ministry of Social Services field and headquarters staff
Office of the Ombudsman
University of British Columbia School of Social Work
University of Victoria School of Social Work

Standards

1. Standards respecting child abuse investigations have been completed and implemented.

2. Standards are being drafted for the provision of services to families when there is a concern over child safety;

3. To be developed are standards for the care and supervision of children-in-care.

STANDARDS OF RESIDENTIAL CARE FOR CHILDREN IN CARE PROJECT

The purpose of this project is to develop standards for the care of those children and youth who, being unable to live in their own homes, come under the care of the Superintendent of Family and Child Service.

The standards will apply to a range of residential care settings - from care in a family setting to care provided in specialized staffed resources.

A Task Force, chaired by the Superintendent of Family and Child Service, is acting in an advisory capacity during the development of these standards.

Task Force

British Columbia Association of Social Workers
British Columbia Government Employees Union
Child and Youth Care Association of British Columbia
Federation of Private Child Care Agencies
Foster Parent Association
Ministry of Social Services Staff
Ministry of Health Staff
Office of the Ombudsman
University of Victoria

Standards will address:

- the physical environment of the residential setting,
- the Ministry's expectations on the nature of the direct care a child receives,
- the qualifications of care givers, and staff/child ratios,
- organizational and administrative accountability.

INTER-MINISTRY CHILD ABUSE HANDBOOK

This inter-ministry Handbook was developed in conjunction with the Ministries of Social Services, Health, Attorney General, and Education. The protocols included in the Handbook ensure a coordinated approach to child protection, and are at the heart of a cooperative effort between ministries and groups such as the police, schools, and hospitals.

The Child Abuse Handbook is undergoing its fourth revision under the guidance of an inter-ministry committee.

Child Abuse Prevention Programs

The following child abuse prevention programs are included in the Ministry of Education list of programs reviewed and recommended for use in the schools.

EARLY INTERMEDIATE

Personal Safety and Decision Making - Grades 6-7 (British Columbia edition)	**Committee for Children** **Cost: $80.00** **Category: Teacher Resource**

This teacher's manual provides assertiveness and decision making techniques necessary for individuals to resist peer pressure and also exploitation by adults. The manual includes reproducible assignment sheets and a teacher's guide. All units include directed opportunities for group discussion, role playing and decision making activities. It reviews and repeats specific terms, which promotes mastery learning. The manual has been revised to accommodate students in British Columbia schools.

Talking About Touching: A Personal Safety Curriculum - British Columbia Edition Grades 4-5	**Committee for Children** **Cost: $90.00** **Category: Teacher Resource**

Talking About Touching is a personal safety curriculum that can be integrated into the Early Intermediate Program. The area of sexual abuse is handled as a health and safety issue. Emphasis is on decision making and problem solving strategies.

The curriculum consists of four units: personal safety and decision making, touching, assertiveness, and community support systems. Within each unit, a series of black and white photographs with clearly outlined objectives and questions for discussion are provided. Additional activities are suggested at the conclusion of each unit. Also, the provision of parental involvement is extended by an easily copied take-home sheet for each unit.

A video titled **Yes You Can Say No** is available as an additional resource.

Being Safe - Grades 4-6	**Marlin Motion Pictures Ltd.** **Cost: $10.00** **Category: Video-Teacher Resource**

Being Safe is a video which serves as an appropriate introduction to understanding emotional neglect, physical and sexual abuse. Four students disclose different abuse experiences. During discussion, a classroom teacher describes various skills for self-protection. The pacing and development of the topic lead to questions and discussion as problem solving strategies. The teacher serves as an excellent model in listening and elaborating on classroom responses.

Don't Touch	**Marlin Motion Pictures Ltd.** **Cost: $20.00** **Category: Video-Teacher Resource**

The video depicts a realistic scenario involving a young girl who is being abused by a friend of her parents. They think he is a trustworthy friend, but the girl's baby-sitter, previously abused by her uncle, is able to first be suspicious and then to assist Molly (through the use of puppet role-play) to disclose. The baby-sitter is also able to come to terms with her own long-held secret.

The parents are very supportive of their daughter's feelings and aware of their own legal responsibilities to inform the authorities. The video is well-paced and appropriate for viewing by Early to Late Intermediate students. The major characters are ages eight and fifteen.

Feeling Yes, Feeling No

National Film Board
Cost: $45.00
Category: Video-Teacher Resource

This program is designed for use with students in the area of child sexual assault prevention. The program includes two videos and a user guide, outlining the need for recognizing differences between "yes" and "no" feelings. Three adults model appropriate behaviours in teaching six-to-twelve year old children assertiveness skills. Questions and discussion are used to explain the importance of "teaching about our body" and its feelings. Teacher-directed supplementary lessons and extension activities are clearly-organized and developed within the user's guide.

This resource package is appropriate for children aged eight to ten in teaching them to make responsible decisions. Aspects of the presentation style (adults acting in the children's role) may not be acceptable or motivating to older Early Intermediate students.

It's Okay to Tell

Canadian Learning Company Inc.
Cost: $10.00
Category: Video-Teacher Resource

This video moves quickly and motivates viewers with appropriate models. The drama involves the activity, effect, and resulting disclosure of sexual abuse of a ten-year old girl by her step-father. The importance of peer support is emphasized, as her friend helps her struggle with her secret. The role of the teacher as an empathic, supportive listener to the child's disclosure is well modelled. This video models positive behaviour by the children as well.

Never Say Yes to a Stranger

Marlin Motion Pictures Ltd.
Cost: $15.00
Category: Video-Teacher Resource

This video uses known T.V. personalities, animation and real-life dramatizations to provide children and young teenagers with information on recognizing who strangers are, what methods they may employ to abduct or hurt them, and what practices children can and should use to protect themselves. The situations dramatized and the explanations given are varied and extensive. This video provides information in the area of prevention, decision making, self-responsibility and self-assertion.

What Hurts? (Emotional Abuse)

Marlin Motion Pictures Ltd.
Cost: $10.00
Category: Video-Teacher Resource

This video depicts two real-life scenarios dealing with emotional abuse. With the support of a caring and sensitive teacher, one child is able to disclose and better understand his situation as well as his parents' unhappiness. In contrast, the other student doesn't disclose. She goes home with her feelings unresolved.

Yes, You Can Say No

Canadian Learning Company Inc.
Cost: $10.00
Category: Video-Teacher Resource

This video shows how a young boy, David, who has just begun to be sexually abused by his uncle, finds the courage to say "no". The film can be viewed as the individual development of David's self-esteem and confidence as he finds the courage to try out for pitcher of his baseball team, to saying "no" to two boy's who wish to use his baseball bat, and finally to saying "no" to his uncle. Friends are seen to provide support, as are the adults in the film - the boy's teacher and his parents.

PRIMARY

Bodyrights - A DUSO Approach to Preventing Sexual Abuse of Children

American Guidance Service Inc.
Cost: $220.00

This is a sexual abuse prevention kit with modules of lessons built around five goals related to types of touching, self-protection, telling, positive body concept, and assertiveness. The various materials are integrated so that students can read the picture book, listen to the tape and respond to the Dramatic Play and Safety Rules while converging on the same learning outcomes.

The teacher's guide provides background information on sexual abuse, as well as suggested activities. The pamphlet for parents **What Would You Do If ..? A Guide to Preventing Sexual Abuse of Your Children** presents background information on sexual abuse, suggestions for teaching children self-protection, and what to do about disclosure. The picture book **My Body Belongs to Me** presents full-colour, full-page illustrations of boys and girls with all their body parts. In addition, the text provides examples of saying "No".

Feeling Yes, Feeling No - See Above

Staying Away from Strangers (Taking Responsibility Series)

Coroner
Cost: $10.00

This video depicts some personal safety strategies regarding dealing with people that you do not know. The film includes identifying "strangers", avoiding advances by strangers, and some methods of seeking help. The importance of talking to someone you know and trust and listening to your own feelings is emphasized.

Talking About Touching, Primary

Committee for Children
Cost: $132.00

Talking About Touching is a program designed to provide information and self-protection skills to children that will reduce their vulnerability to abuse. The program provides children with information and skills for telling as well as guidelines to prevent abuse.

The C.A.R.E. Kit

Care Productions Association of B.C.
Cost: $225.00

The C.A.R.E. kit is a child sexual abuse prevention program which encourages and promotes the rights of children. This program has been developed in British Columbia and is intended to help children recognize what sexual abuse is, and what types of situations may lead to it. It provides children with the awareness that they have the right to protect themselves from sexual abuse, as well as the skills to protect themselves, ie. assertiveness and procedures for reporting.

Two Kinds of Touch

Video
Magic Lantern
Cost: $10.00

This video focuses on the subject of "touching" with the help of puppets. Two kinds of touching - good and bad - are discussed. Songs are also used to illustrate the differences between good and bad touching. Children are directed to tell an adult or a friend if they should encounter a "bad touch".

Resources at the pre-school level

In addition to the programs included in the Ministry of Education listings, the following pre-school materials are available.

Let's Talk About Touching

The Let's Talk about Touching pre-school sexual abuse prevention program is a program produced by the Ministry of Attorney General in conjunction with the Ministry of Health for use in daycare centres and pre-schools. It is also used by some school districts in their kindergarten classes. It is available through the Justice Institute of B.C. which provides the training necessary to teach this program. Although some discussion has taken place with the Ministry of Health and the colleges which have Early Childhood Education Programs, this training program has not yet been incorporated into the curriculum for early childhood educators.

Child Abuse: A Practical Guide for Prevention and Response for Early Childhood Education Centres.

This is a staff manual produced by the Early Childhood Educators of B.C. It discusses the dynamics and signs of abuse, what to do when abuse is suspected or reported, and how staff can protect themselves from allegations of abuse.

CHILD AND YOUTH SECRETARIAT MANDATE

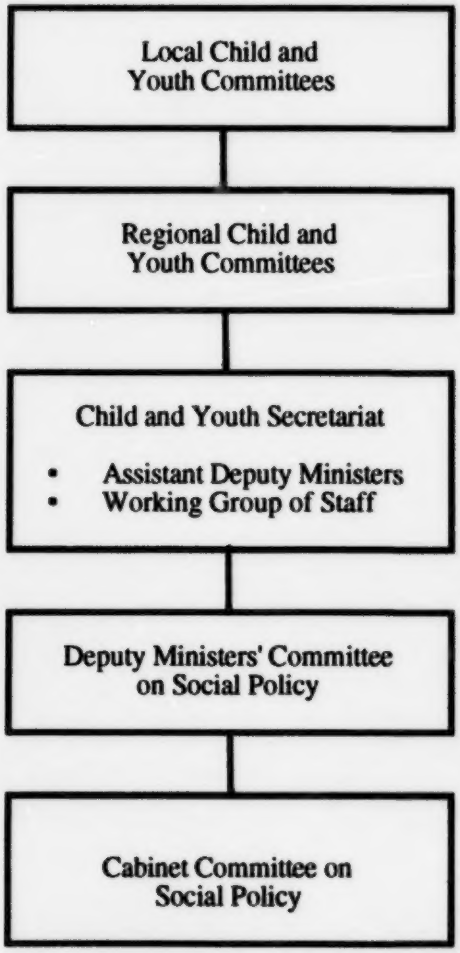
1. To ensure effective provincial coordination and integration of policies and programs for children and youth.

2. To encourage and support the creation of locally and regionally based program planning and development mechanisms which foster and support partnerships and linkages between government, service providers and communities.

3. To ensure implementation of inter-Minister policy, protocol and program initiatives.

4. To conduct a proper review of issues related to children and youth including the recommendations of the Ombudsman's Report #22.

INTERMINISTRY PLANNING FOR CHILDREN AND YOUTH


Local Child and Youth Committees
Regional Child and Youth Committees
Child and Youth Secretariat
• Assistant Deputy Ministers
• Working Group of Staff
Deputy Ministers' Committee on Social Policy
Cabinet Committee on Social Policy

REGIONAL CHILD AND YOUTH COMMITTEES

Suggested Membership:

- Senior management who can speak on behalf of their organizations, particularly in the areas of service integration and resource planning
- Mental Health
- Public Health
- Education
- Social Services
- Corrections
- Police
- Alcohol and Drug
- Hospital Programs

Functions:

- Case responses which is not available at local level
- Ensure functioning of and support to local CYCs
- Receive program/service information and issues from local level
- Develop integrated service delivery and policy responses
- Identify and respond to service gaps and overlaps
- Communicate inter-Ministry policy and program issues to and from the Secretariat

Monitoring:

- Annual report to the Secretariat

LOCAL CHILD AND YOUTH COMMITTEES

Suggested Membership:

- Mental Health
- Public Health
- School District
- Social Services
- Corrections
- Police
- Alcohol and Drug
- Hospital

Functions:

- Case Response
- Local Service Delivery Issues
- Policy and Planning

Monitoring:

- Annual reports to Regional CYCs

CURRENT INITIATIVES TO ADDRESS ABUSE OF ELDERLY PEOPLE

There is a wide range of health and social service agencies and departments which can respond to the needs of elderly people who have been abused, although most are not agencies dealing primarily with these needs. It is the opinion of many service providers in the field that it is not always necessary to establish new agencies. Support and improvement of existing services may often be the most effective route to better services for abused elderly people.

1. Examples of Community Initiatives

A number of projects exist or are in the developmental stages across the province. Two projects are described here as examples of these initiatives.

North Shore Community Services - Legal Services for the Elderly project is a model of a "one-stop" information service. The project is described by its staff:

"Our agency offers a "one stop" information service for seniors. Our service is founded on long-standing relationships with other service providers in our community, and we could not continue to respond to seniors' needs without regular and open communication with health care professionals, social service workers, members of the criminal justice system, recreational and educational activity coordinators, and providers of financial services.

Our model depends upon clearly-stated protocol for service delivery both within our agency and between agencies. It incorporates formal monitoring mechanisms, as well as informal advisory structures. Our model is shaped by a philosophy that values self-determination, free and extensive access to information, and cooperation and collaboration. It is characterized by flexibility and ongoing revision, in recognition that as we come to better know the inhabitants of this country into which we have chosen to sail, our understanding of what works and how we can help one another needs to change."

- McKenzie & Holland,
Legal Services for the Elderly, 1991

The final evaluation of this project was recently published as North Shore Community Services Seniors' Services Project: Evaluator's Final Report.

The Victoria Elder Abuse Project is a twelve month demonstration project (September 1991 to August 1992) "designed to show that the provision of co-ordination, consultation, and case management services to clients and existing agencies will improve the identification, intervention and resolution of elder abuse cases in the Regional District of Greater Victoria." The project is also gathering data on the incidence, character and context of abuse of elderly people.

Other coordination and response initiatives has been developed throughout the province, including, for example, in Chilliwack, Nanaimo, Powell River, Sechelt and Prince George.

2. Inter-agency protocol and strategic plan

The Inter-ministry Committee on Elder Abuse and the Ministry of Health, Continuing Care Division are in the process of developing a document entitled Principles, Procedures, and Protocols for Elder Abuse which is intended to guide responses of service providers both in the government and in the community in cases of abuse of elderly persons. This document has been developed in consultation with all the ministries represented on the Inter-ministry Committee: Health, Attorney General, Social Services, Women's Equality, Aboriginal Affairs, Advanced Education and the Office of the Public Trustee. In addition, extensive consultation has taken place with people working within the community.

A strategic plan for addressing the issue of abuse of elderly people is also being developed by the Inter-ministry Committee.

3. The Project to Review Adult Guardianship

The Guardianship Committee is a group of people representing community organizations and people affected by current guardianship laws working in tandem with the government to examine existing adult guardianship legislation and systems with a view to fundamental changes that will meet the needs of individuals and families in a just and respectful manner. Government representation on that committee includes the Office of the Public Trustee as well as the Inter-ministry Committee on Dependent Adults.

The Framework Document of the Project of Review Adult Guardianship (July, 1991) provides a comprehensive and detailed report on their findings and preliminary recommendations. A Joint Government-Community Working Committee has been struck to clarify the details and implications of the recommendations in the Framework Document for further consideration by the Guardianship Committee as a whole.

The Task Force wholly endorses the process of the Project, the principles on which it is based and the Framework Document itself.

4. Community Development

The Elder Abuse Committee of the Social Planning and Research Council of B.C. (SPARC) undertook a province-wide initiative to work with communities in producing needed material to respond to abuse of elderly people. As part of this initiative, SPARC has produced a video on abuse of elderly persons, as well as a pamphlet for the public and a booklet for service providers. SPARC worked with six communities to develop a coordinated inter-agency response to the abuse of elderly people.

This work was followed up with a working conference initiated by the community and sponsored by the Ministries of Solicitor General and Health and the Justice Institute of B.C. Service providers from six other communities were invited to work together to begin the process of developing an inter-agency approach and protocol to guide the community's response to situations of abuse of elderly people. Members of the committee that planned the conference continue to meet and support the communities by offering information and networking opportunities.

5. Elder Abuse Training

The Ministry of Health has started an elder abuse training initiative for service providers. Its components are: core training modules and a resource guide; assessment tools to identify further training needs; and an implementation plan for the training modules.

6. Working Groups

A working group was formed out of the 1991 Conference, Abuse of the Elderly: A Shared Problem. The group includes the Public Trustee, Health and Welfare Canada, the RCMP, the Ministries of Health and Attorney General, SPARC of B.C. and North Shore Community Services. Its object is to ensure coordination of activities.

The Joint Working Committee on Adult Guardianship consolidates the work of the Guardianship Committee (see above) and the Inter-ministry Committee on Issues Affecting Dependent Adults. Its membership includes the Ministries of Health and Attorney General, the Public Trustee and community organizations. Its activities also include development of recommendations on new guardianship and advocacy systems.

The activities and membership of the Inter-ministry Committee on Elder Abuse are described above.

EXCERPTS FROM THE FRAMEWORK DOCUMENT
THE PROJECT TO REVIEW ADULT GUARDIANSHIP
July 1991

The introduction to the **Framework Document** states:

> "The recommendations are based on the assumption that people are capable of making decisions. Some need more support than others. And most people have a network of natural support that is working. Let's help that supportive network and not get in its way.
>
> When this natural decision making process is no longer working, something will trigger a need for action. Then other resources should kick in in the least intrusive manner.
>
> Government services, an assessment of the adult and Court processes are the most expensive and least desired interventions.''

One chapter of the Framework Document deals specifically with abuse, neglect and self-neglect. The recommendations concerning legislation and service response include:

> "that there be legislation and a coordinated response to adults who are not capable of making decisions about the abuse, neglect or self-neglect they are experiencing. The response must be properly resourced and implemented immediately on a province-wide basis.
>
> The purpose of the legislation and response is to ensure safety through provision of support, assistance, services and interventions. The legislation must provide for interventions which are the least restrictive and due process protections must be provided at each step.
>
> The legislation must set out guiding principles, and every procedure in the legislation must be read in conjunction with these guiding principles."

The following are excerpts from the Chapter on **Abuse, Neglect and Self-Neglect.**

GUIDING PRINCIPLES:

The legislation must set out guiding principles, and every procedure in the legislation must be read in conjunction with these guiding principles.

1) An adult is entitled to live in a manner he or she wishes, and may accept or refuse assistance, as long as it can be determined that it is the adult's conscious and informed choice, and does not cause harm to others.

2) It is our responsibility as a society to provide for each other. The opportunity to enjoy security and the necessities of life must be available to everyone, regardless of individual abilities and conditions.

3) There is no justification for abuse. Where the Criminal Code is applicable, the appropriate action shall be taken.

4) We shall be guided by respect, compassion and understanding for all individuals. Any action taken under this Act must be provided in a timely manner and must be designed to preserve and maintain the dignity of the adult.

5) Any adult who is unable to look after him/herself, deserves the necessary care and attention that is most effective and yet least intrusive or restrictive in nature.

6) An adult has a right to self-determination and the right to have his or her person, estate and civil rights protected, even though the adult may not be capable of expressing his or her wishes.

7) The paramount consideration in any intervention contemplated by the Act, is first, the adult's expressed wishes. If these are not know, the intervention must be consistent with the adult's values and beliefs. If these are not known, any intervention must be in the adult's best interest.

8) Any intervention taken under this Act must be designed for the specific needs of the adult. The intervention must be limited in scope, and subject o review and revision as the adult's situation changes.

LEGISLATION

The legislation must provide:

1. a mechanism for reporting and for the response to reports of abuse, neglect and self-neglect,

2. a process for investigation of abuse, neglect or self-neglect,

3. authority to assess an adult's capability to make relevant decisions and standards for those assessments,

4. services that may include support, assistance and advocacy,

5. a Court process to order appropriate interventions, follow-up, review, monitoring, evaluation of the interventions,

6. due process procedures reflecting the values, rights and freedoms enshrined in the Charter of Rights and Freedoms.

7. a procedure for emergencies

There is a delicate balance between protection of an adult and preserving the adult's right to autonomy and self-determination and this must be recognized as part of this legislation.

SELECTED RECOMMENDATIONS ADDRESSING THE NEEDS OF ABORIGINAL PEOPLE

Strengthening the Circle: Conference Held in Vancouver, April, 1991

In April of 1991 we held a conference on wife assault in the Native community. The following are recommendations from the conference participants. The 3 planning committee participants also are actively involved with the Wife Assault Co-ordinating Committee and sit on the Native Women's Issues sub-committee. With our combined experience we have compiled the information from the conference, discussed it at the committee level and have recommended the following.

The ... major topic areas discussed were:

- Victim and Family Support Within the Community
- Racism in the System
- Dealing With Resistance

Victim and Family Support Within the Community

A majority of conference participants RECOMMENDED THAT VICTIMS WERE ENCOURAGED TO CHARGE THEIR ASSAILANTS. This practise is not something that Native women are doing, according to a recent survey done in East Vancouver.

Problem: Victim blaming by police, frontline and community workers including native organizations, band offices, tribal councils, M.S.S.H., courts and community/individuals.

Recommendation: To provide more education and awareness training to the above on issues of Family Violence.

- to provide more than 3 hours of training to police officers as early as the first block of their training, before they can be influenced by veteran officers with old ideas on dealing with family violence.

- to ensure that the Wife Assault Policy is being enforced by having a community organization for victim complaints that ensures problems are being corrected.

- to ensure through policy that all native and non-native organizations dealing with victims have dealt with all issues surrounding family violence and are not still acting out. This would include board/council, administration and frontline workers. For organizations dealing with victims all should be drug and alcohol free for a period of three years.

Problem: A majority of our Native women are not seeking help and when they do, are returning to the abusive relationship. Family violence and specifically sexual abuse has many effects including continuing the abusive cycle, alcohol and drug abuse, suicide, stealing, unhealthy relationships. These issues must be dealt with or the dysfunction in our communities will not be stopped. It is the responsibility of the community to intervene.

Recommendation: Before more awareness and education is introduced programs must be in place to support, prevent and educate. Transition houses and treatment centres for our Native women and children need to be set up and provide quality and safe care.

- Programs to be delivered by trained Native staff.
- Training that is quality, certified and transferable to recognized colleges and universities.

Problem: Native families suffering the effects of oppression have lost their identity, have low self-esteem and self-respect.

Recommendation: That Native programs are culturally and spiritually designed.

Problem: Children that witness Family Violence and experience abuse need programs.

Recommendation: To provide education for awareness and prevention within the schools.

- to educate school counsellors and have mandatary parent counsellor communication.

- to provide counselling and therapy groups for all ages of children, this would include out patient as well as in transition houses, and treatment centres.

- to allow children to accompany mom to treatment centre for only women and children.

Problem: Native women are reluctant to charge because they are familiar with the treatment of violence the men experience within our institutions. This leads to further violence and because most women return to the relationship this needs to be addressed.

Recommendation: Violence in institutions be stopped, community intervention through complaints being corrected would give these men the message that violence is not acceptable in any situation.

- programs and treatment centres that are culturally oriented should also be made available for the men.

- mandatary counselling should be part of the sentence when charged with assault.

- more support for women when going through the court process.

- more awareness on the wife assault policy.

Racism

Problem: Women are reluctant to come forward because of the past and present experience with racism within the institutions including M.S.S.H., police, courts, Native and non-native organizations.

Recommendation: Cross cultural and unlearning racism workshops on a continuing basis throughout all institutions.

- more education within the schools on the above.

- more multi-cultural activities.

Dealing with Resistance

Problem: Dysfunctional families leads to dysfunctional organizations. The silence must be broken, problems must be talked about and solved within native organizations and Bands' Tribal Councils.

Recommendation: Native people must educate themselves on choosing leaders that live healthy and are educated on the major issues our communities need.

- more women need to be on boards and councils

- more involvement is needed on community committees and boards

Hey - way' - noqu'
Healing Circle for Addictions Society
206 - 33 East Broadway Vancouver, B.C. V5T 1V4
Phone: (604) 874-1831 Fax: (604) 874-5235

FAMILY VIOLENCE NEEDS - RECOMMENDATIONS

1.

A) Aboriginal detox centre providing culturally specific program to provide optimum success and appropriate referral.

B) Residential family treatment centres. For in-depth, restructuring family dynamics, healing. Age and gender specific, culturally specific.

C) Transition House for Aboriginal Families in Crisis. Aboriginal because it could be first intervention to positive change. It would provide culturally relevant counselling and programming in appropriate environment for the entire family.

2. Offer cross-cultural workshops and educational opportunities for existing transition centres to sensitize personnel to the unique needs of aboriginal clients.

3. Develop a comprehensive resource inventory and networking system between affinity agencies in greater Vancouver area. Provide networking for aboriginal human service agencies.

4. Offer aboriginally specialized training opportunities for resource personnel in helping agencies:

    A) Sexual assault survivor procedures

    B) Anger Management courses for counsellors of aboriginal adults, youth and children

    C) Grief Management courses for counsellors of aboriginal adults, youth and children

    D) Reclamation of Power courses for counsellors of aboriginal adults

E) Art & Play Therapy technique courses for counsellors of aboriginal clientele

F) Traditional aboriginal practices as healing for counsellors of aboriginal clientele

G) Systems counselling strategies for counsellors of aboriginal clientele

H) Networking, Coalition strategies for Resource people in Vancouver in Helping agencies

I) Aboriginal detox centre in Vancouver area

J) Developing volunteer personnel for aboriginal community

K) Residential School post traumatic stress counselling strategies for aboriginal counsellors

L) Workshops in Healthy Lifestyles holistic, balanced approach to wellness for counsellors and agencies

M) Support system strategies for counsellor and clients

N) Recognition by Provincial and Federal governments of specific needs of aboriginal families.

Long term social planning strategies with capital and program funding for family restructuring

O) Comprehensive, continuous culturally/gender specific governmental awareness strategies on Family Violence issues province-wide

SELECTED RECOMMENDATIONS TO ADDRESS THE NEEDS OF ABORIGINAL PEOPLE

HELPING SPIRIT LODGE

Recommendations take from research done in 1990 by Helping Spirit Lodge.

These recommendations are based on 215 questionnaires completed on the basis of personal experience.

Recommendations/Taken from the Research:

(i) That the Justice System; Its personnel, Judges, Crown Attorneys, Defending Lawyers, Police Officers, Courtworkers, Probation and Patrol Officers be Educated and Sensitized as to the Unique Nature of Aboriginal Family Violence; and that Focus on Prevention and Victim Advocacy be future initiatives to be undertaken by all those who are in the Justice System.

(ii) That Efforts to educate the Public, including Victims and Abusers be increased around the issues of Abuse. That awareness be expanded in both the Urban and on Reserve Aboriginal Community. This Awareness Campaign should be in the Public and Private Schools (funded by Government); That the Education should be in the form of Posters, Brochures, Audio-Visuals, Public Forums, Workshops, Conferences, Adolescent Awareness and to the Band Chiefs and Government Representatives who are the Leaders.

(iii) That both the Aboriginal and Main Stream Community Stress to Policy Makers the importance of; "Developing policies which increase the use of Police-Initiated Probable cause Arrests: Prosecuting with a signed complaint from the Police rather than from the Victim; Followed up by Police calls to Safe Shelters and Legal Advocacy; Mandating rehabilitation programs for the Assailants which focus on ending the use of coercive and violent behaviours".

(iv) The Elders, Clan Mothers or Spiritual Healers be given every opportunity to assist in the Healing of Victims of Family Violence in its various forms; That Traditional healing methods be made available or be part of the Healing Program to the Aboriginal Clients in the Mainstream Transition Houses or the Institutions either through visitations or by the referral system and that the Abuser be given this opportunity as well.

BREAKING THE SILENCE: COMBATTING FAMILY VIOLENCE
CARRIER SEKANI TRIBAL COUNCIL

Summary of Recommendations

- Need more skilled therapists
- Thorough training should be offered to all front line workers on the dynamics of child sexual abuse. (Family Care Counsellors, teachers, social development workers, drug and alcohol counsellors, home school counsellors.)
- Need for cross cultural and language training as well as spiritual skills necessary to deal with all types of abuse.
- Rediscover traditional methods of parenting by using elders and Native professionals.
- Need for Community based awareness workshops, forums, social gatherings.
- Include cultural awareness in education to understand traditional values and beliefs.
- Treatment centres should be closer to communities.
- There should be safe group homes in urban and rural settings.
- Establish better lines of communication between Human Service Providers and the communities. Workers should be looked at as part of the community.

FROM - BREAKING THE SILENCE: COMBATTING FAMILY VIOLENCE,
CARRIER-SEKANI TRIBAL COUNCIL CONFERENCE REPORT

Final Report of the Premier's Council on Native Affairs, 1990
Social Issues Recommendations

We recommend that the provincial and federal governments support the concept of social programs being controlled by aboriginal communities.

Health and social issues can emerge on or off the reserve and the provincial and federal governments should work together to find ways to cooperate and ensure that their programs complement each other.

Increased support for self-government would give aboriginal communities increased opportunities to use talents and strengths that are often frustrated by the federal Indian Act, and to develop skills that may be used in business enterprises. Self-government is clearly linked to self-determination, self-reliance and self-respect in aboriginal communities.

We recommend the provincial government actively look for opportunities to accelerate the process of legislated and incremental self-government, and to encourage discussion of constitutional entrenchment of self-government during any future review of the Canadian Constitution.

PROGRAMS FOR ABORIGINAL PEOPLE

There are programs for aboriginal people which address, directly or indirectly, the problem of family violence in aboriginal communities. They fall into two basic categories, systems-based and community-based services. While the information on government programs is reasonably complete, though not detailed, the information on community-based programs is not comprehensive because of their large number and variety. See also A Guide to Native Organizations and Services in British Columbia published by the Ministry of Native Affairs (now the Ministry of Aboriginal Affairs) in 1991.

1. System-based Services

Native Family and Children's Services

This is a branch of the Ministry of Social Services. It currently has only one unit and it serves a part of Vancouver. Its primary function is long-term planning for aboriginal children who are not able to live in their biological family. Placements for both adoptions and foster care are made with members of the child's Band or other aboriginal people whenever possible.

Child and Family Service Agreements

There are four Child and Family Service agreements between Tribal Councils or Bands and the Ministry of Social Services which transfer to the Tribal Councils or Bands responsibilities for family support and child welfare services. The Bands involved are Nuu-cha-nulth, MacLeod Lake, Carrier-Sekani and Spallumcheen.

Sexual Abuse Interventions Program

This is a $3 million inter-ministerial initiative to provide services for children who have been sexually abused and their families. Twenty-five percent of the funds were designated for aboriginal people. With the participation of provincial and several local aboriginal advisory groups, the following services have been implemented:
- two intensive counsellor training programs;
- nine community-based counsellor training programs;
- program development in 11 agencies throughout the province; and
- treatment services in 4 of the 6 regions of the province.

Native Courtworkers

There are 30 Native Courtworker offices in B.C. These services are Band-based and include ongoing support and counselling to aboriginal people in conflict with the law, assistance in family violence cases and community legal education.

Native Victim Assistance Program and Native Justice Workers

There are about a dozen programs offering aboriginal victims support and assistance in dealing with the justice system. The Programs also provides liaison and education to aboriginal communities. Native Justice Workers provide similar services and the same person sometimes carries out both roles.

2. Community-based Services.

Friendship Centres

There are 21 native friendship centres in the province. Most offer drug and alcohol counselling and take a wholistic approach which would include the inter-relationship of family violence and substance abuse.

The Tillicum House Native Friendship Centre in Nanaimo has a training program for aboriginal people working in the area of family violence. This is one of the programs funded by the Sexual Abuse Interventions Program.

Family Violence Worker Training At Native Education Centre

This program was one of the first designed by and for aboriginal people in this field. It began in 1987 with a 2 1/2 year demonstration project involving 8 trainees, and continued with 10 1/2 month programs in January and September, 1990. The program was developed with intense community involvement in order to discover those directions toward healing which were "specifically, uniquely and proudly Native".. In its materials on the program, the Native Education Centre writes:

> "That journey of discovery was more profoundly rewarding than we dared to dream in the anticipation... Many of the values that emerged had long been half forgotten, or set aside in the pathetic quest to adjust to and compete with the new world view that, in the end, must destroy the cultural base of what had given us health."

An extensive kit of materials, Training Family Violence Workers, is available from the Urban Native Indian Education Society as a resource for use by people interested in family violence healing or for others who are developing training programs.

Helping Spirit Lodge

Helping Spirit Lodge is a transition house and family violence centre founded by and for aboriginal people in Vancouver. It opened in 1991. Its guiding principles include restoration of aboriginal women to their traditionally respected place in the family, community and society; stopping the cycle of family violence; creation and support of healthy families; and use of aboriginal traditional healing methods.

Hey-way'-noqu' Healing Circle for Addictions Society

This Society offers many services that take a wholistic approach to assist urban aboriginal people in healing from addictions in a culturally relevant way. In addition to a two year out-patient program, there is a weekly "Talking Circle", special educational and therapeutic programs, and referral, follow-up, and after-care services. Hey-way'-noqu' has a long-term plan to develop a training program in sexual abuse counselling.

Tsow-Tun Le Lum Society Alcohol and Substance Abuse Treatment Centre

This is a residential recovery home designed and built by the community. In January, 1992, the Centre began an 18 week demonstration project providing inpatient treatment for sexual offenders. The Centre also provides anger management workshops and counselling which deal wholistically with issues such as family violence and alcohol and drug abuse.

...Support Programs in British Columbia: Excerpts from the Premier's Advisory Council for Persons With Disabilities* Draft Discussion Paper of the Community Services Task Team"

November 1991

Program Name	Long Term Care/Homemaker Service	Family Support Homemakers	Day Programming
Ministry	Health	Social Services	Health
Division	Continuing Care	Family and Child Services (policy)	Family Health Division, Services to the Handicapped Branch
Philosophy	Promote personal independence: personal/family responsibility & involvement in planning/providing care, normal life style. Underlying principle: Individuals responsible & wish to care for selves/families - program is therefore supportive; provides care only when personal/family resources not able to. Recognizes right to remain at home as long as feasible.	Services to individuals with mental handicaps: access to all services available to non-handicapped people: services designed to maintain/strengthen independence; services support integration; dignity of individual respected - encouraged to act on own behalf; support unique strengths of individuals; support families; treat with respect, fairness, courtesy.	1) Individuals with disabilities have right to determine own goals, access community services, privacy, appropriate health care, all other rights non-disabled people enjoy. 2) Importance of family. 3) Optimal development of individuals. 4) Respect dignity of individuals with disabilities/help prepare for risks. 5) Facilitate integration. 6) Programs cost effective
Program Designed For?	Seniors; designed to assist seniors to remain in their homes rather than be institutionalized.	Children and their families.	Persons with multiple disabilities, coming out of institutions, to support full participation in community living.
Purpose	Provide comprehensive/ coordinated continuum of services appropriate to continuing health care needs; maximize number of clients receiving care at home; primary responsibility - family.	Provide temporary support & relief to individuals & families to maintain or restore independent functioning in community; not intended to relieve persons/families of functions they can/should assume themselves.	Provide whole range of assistance to enable persons with severe multiple disabilities to participate fully in all activities of community; provide services to support deinstitutionalization in a way that empowers/supports individuals.

* **The chart format was chosen to facilitate comparison and demonstrate the complexity of the service delivery system. It should be noted that input on Support Services and Longterm Care received the greatest attention in the submissions to the Community Services Task Team. See Appendix 23 for a brief overview of some other government services available to people with disabilities.**

Program Name	Long Term Care/Homemaker	Family Support Homemakers	Day Programming
History of Program	Started in 1976 to help seniors stay in homes - authorized by Order-in-Council until 1990; program broadened to include persons with disabilities - no specific program'/assessing changes made to accommodate disabled persons' needs, except enhanced participation model (1990).	Designed to provide temporary assistance to children & families; expanded to include assistance to adults with mental handicaps, persons temporarily disabled, respite care. Broad mandates cover many situations; mandate not changed to cover long-term needs, but in practice recognized that temporary assistance not sufficient for many needs, including adults with mental handicaps.	New program: 3 years old. Branch started 1986 to support the deinstitutionalization of multiple handicapped persons from Tranquille, Glendale. Broadened to include multiple handicapped persons coming out of other institutions, then to include children turning 19 in group homes, now includes all multiple handicapped persons in the community or going to community.
Eligibility	Adults (19 years or more) with long term or chronic illness or condition - defined as no recovery in less than 3 months; must be B.C. resident minimum 12 months.	Families/individuals who meet broad criteria; support normal family routine if parent(s) temp. unable; prevent family breakdown; improve childcare household management skills; support mentally handicapped adults in community living (if no LTC); temporary assistance to individuals in crisis	Multiple handicapped individuals - must be mentally handicapped and physically disabled at the extended care level (not able to transfer independently)
Type of Disability			
Physical	Yes	Yes, if not served by LTC	Only extended care & men. han.
Psychiatric	Yes	Yes, if not served by LTC	Only if meet other criteria
Mental Handicap	Yes, if at extended care level	Yes	Yes, must be extended care
Learning Dis.	Only if meet other criteria	Yes, if meet criteria.	Yes, if meet other criteria

Program Name	Long Term Care/Homemaker	Family Support Homemakers	Day Programming
Type Assistance	Homemaking/attendant duties in home Provincial & Local guidelines specifically outline which tasks workers allowed to perform.	Homemaking/child/family support in home; assist mentally handicapped adults in community - see above. No specific guidelines for allowed tasks; line workers have discretion.	Any assistance to enable multiply disabled persons to participate fully in the community.
Home	Yes, only	Yes, designed to be in home	Yes
Work	No	No (not explicitly prohibited)	Yes
School	No	No (not explicitly prohibited)	Yes
Recreation	No	No (not explicitly prohibited)	Yes
Parenting/child m	No	Yes	Yes
Length of Assistance	Long Term	Temporary, up to 3 months/monthly review; may be extended in 3 month intervals with District Supervisor's approval; if more than 12 months, Area Manager must approve	Long term
Maximum Assistance	120 hours/month; hours over maximum must be authorized by Unit Supervisor/Reg. Director Home Support Services; must notify Victoria - happens infrequently, usually temporary (often palliative).	125 hours per month; hours over maximum must be authorized by District Supervisor - no information available on how often this happens.	No set maximum; range usually 3-6 hours/day.
Average Assistance	12.7 hours/month/1990-91 (pers. care 6/6; Intermed: 11-33; Extended care: 51). Average hours decreased 11% from 1984-85 to 1990-1991.	Approx. 29 hours/month/1988-89 - (exact #s not avail.; average hours Long Term Care 86-89: 12/3/month). Figures not available for 1990-91.	Approx. 100 hours/month per person (includes some assistance not 1:1); exact figures not available.

Program Name	**Long Term Care/Homemaker**	**Family Support Homemakers**	**Day Programming**
Financial Assessment - Cost of Service to Client	Income tested, assets not considered, user fees paid on sliding scale.	Income tested, assets not considered user fees paid on sliding scale.	Clients are usually already income tested. No fee for service.
Legal Authority	Continuing Care Act (1990); previously Order-in-Council. Act has little detail; Minister of Health given broad authority to determine eligibility, payment guidelines etc. No rights or philosophy in legislation.	GAIN Act, regulations Section 27.	None
Written Policy	Yes; written in 1983	Yes	No - new program, has philosophy statement (below)
Information Available to Public	No; pamphlet available, few details. Policy manual not available to public.	Pamphlet available on services to persons with mental handicaps; no other pamphlets available. Policy manual available on request.	No specific mechanism - word of mouth.
Federal Cost Shared	Yes - 50% federal funds under CAP welfare. In order to receive federal cost-shared dollars,income tests must be given - persons receiving free service must be in financial need.	Yes - 50% federal funds under CAP welfare. In order to receive federal cost-shared dollars,income tests must be given - persons receiving free service must be in financial need.	No. Only provincial funding.
Budget History	Over $90 million, 6 million service hours, approx 40,000 clients/month - 1990-91. 93.5% of clients are seniors - 3680 under 50, 1990-91. Budget increased 94% since 1954 - 85, but average hours/client decreased 11%, mainly due to increases in service costs.	Approx $6 million - 1990-91 (no info available on # service hours or clients 90-91). In 1989-90, $5.1 million for 1986 clients/month. Budget increased 66% since 1984-85 (info not available on number of service hours or clients)	Exact figures not available - approx. $15-20,000 spent per client on day programs. Budget increased substantially as more individuals deinstitutionalized; planning process includes allocations for current clients, persons coming out of institutions & persons turning 19.

RESEARCH

> "Much of government sponsored research to date has been focused on needs assessment studies and there is a growing consensus among those working in this area that it's time to direct those funds into providing services, with research focused on the effectiveness of various strategies and on the best way to coordinate those services."
>
> ---Vancouver Health Department submission to the Task Force.

Statement of Principle: Given the urgency of increased and improved direct services to victims of family and sexual violence priority should be given to research that has practical application and is directed to the resolution of issues at the line level. Research should not delay action to meet already obvious needs. The Task Force believes that, important as research may be, the urgent need in the immediate future is for direct, community-based services. All research should be planned and conducted in consultation with the community, and should be based on a concern for victims of family and sexual violence.

These recommendations regarding areas that need further research are not assigned any order of priority nor placed within a time-frame. They highlight some of those research needs drawn to the attention of the Task Force as priorities. They are offered as suggestions for funders or researchers who may be making decisions about research priorities.

Proposals are currently being prepared for funding for a Western Region Family Violence and Violence Against Women Research Centre. This is a joint initiative of the Social Science and Humanities Research Council and Health and Welfare Canada. Should such a centre be established in British Columbia, these research needs should be considered as their research plans are developed.

General

1. Program evaluation and research are required in all areas of family and sexual violence in order that programs are as effective as they can be, and in order that a direction is indicated for improvements.

2. Research is needed into effective strategies for empowering victims.

3. Research is needed into effective strategies for coordination.

Wife Assault

4. A comprehensive coordinated protection model for assaulted women should be implemented on a demonstration basis, and should be evaluated.

5. Men's treatment programs should be evaluated, looking at their effect on victims' protection and satisfaction with the process and on the prosecution process, as well as on attitude and behaviour changes in clients.

6. Research is needed on effective strategies for empowering assaulted women to make changes in their lives.

7. Research is needed on innovative and effective strategies for investigating and prosecuting cases of wife assault when the witness refuses to testify.

8. Research is needed on effective methods of supporting and encouraging an assaulted woman who is reluctant to testify against her abuser.

Sexual Assault

9. The long-term effectiveness of sex offender treatment approaches being utilized should be evaluated and new initiatives developed and tested, including programs for child and youth sex offenders.

10. Follow-up should be undertaken on how forensic evidence is used in cases of sexual assault.

11. Research should be undertaken to track sexual assault cases through the justice system to examine the factors that affect its progress.

12. Research should be undertaken into the long-term effectiveness of various approaches to victim treatment, including both effects on victim trauma and effects on future utilization of services.

Child Abuse

13. Research, including longitudinal research, is required into the effectiveness of existing and planned prevention and early intervention programs in terms of reducing abuse and neglect of children.

14. Research is required on the special needs of male sexual abuse victims, including appropriate treatment.

15. Research should be undertaken into those factors that appear to affect the subsequent abusing or non-abusing behaviour of adults who were abused as children. Such research would have important implications for long-term prevention strategies.

16. More research is needed to determine the relationship between child abuse and learning disabilities, behaviourial difficulties, and substance abuse, in order to develop effective prevention and intervention strategies.

17. Research is needed into the nature and incidence of ritual and satanic abuse.

18. Recognizing that not enough is known about child abuse in cultural minority communities, research is required to facilitate the development of programs and services in these communities.

19. Recognizing that not enough is known abut child abuse and effective prevention strategies among disabled children, research is required to facilitate the development of programs and services for this population.

20. Research is required into the long-term effects and costs of untreated sexual abuse.

Adult Survivors of Childhood Abuse

21. The Ministry of Health Multi-Victim Child Sexual Abuse Research Project should, in its subsequent reports and protocols, pay particular attention to the needs of adult survivors of these multi-victim occurrences.

22. Research is needed on effective strategies to address the needs of adult survivors who have substance abuse problems.

23. Research is needed on the particular needs of adult male survivors of child sexual abuse.

24. Research is needed on the particular needs of adult survivors of ritual and satanic abuse.

Abuse of Elderly Persons

25. Province-wide data collection on incidence of abuse of the elderly is needed in order to understand the magnitude of the problem and plan for adequate services.

26. Research is needed on causal factors related to elder abuse, in order to design appropriate prevention and intervention models.

27. There is a need for demonstration projects to test new models of service delivery, including one-stop models built into existing agencies.

28. Research is needed on assessing an elderly person's ability to give instruction, with a view to developing and testing better assessment tools.

29. There is a need for evaluation of any new legislation that is introduced, in order to ensure that it accomplishes what is was intended to accomplish and does not create undesirable unintended consequences.

Immigrants and Refugees

30. Collaborative research should be undertaken with immigrant-serving agencies and groups with expertise in the dynamics of family and sexual violence to develop and evaluate a demonstration model of culturally appropriate offender treatment.

31. Research should be initiated on how best to meet the needs of women, children and elderly victims of family and sexual violence within minority cultures.

People with Disabilities

32. There is a need for research on women with mental health disabilities. This research should address the incidence of abuse among these women, the impact of child sexual abuse on mental illness, and the range of needs of women with mental health disabilities who have been abused.

33. Research is needed on assessing the capability of a person with disabilities to give instruction, with a view to developing and testing better assessment tools.

34. Research is needed on the tools available to vulnerable people to signal for help in a crisis and make effective tools available to those who need them.

TASK FORCE ON

guide for submissions

FAMILY VIOLENCE

This is a guide only.
Please make additional comments where you feel this questionnaire does not cover what you want to say. If you need more space, attach additional sheets.

AGENCY/ORGANIZATION NAME:

Please circle whether your organization has a local or a provincial mandate: *Local Provincial*

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

CONTACT PERSON:

POSITION:

Return by November 15, 1991

For more information, contact:
Task Force on Family Violence
Women's Programs, Parliament Buildings, Victoria, B.C. V8V 1X4
Telephone (604) 356-9307 Fax (604) 356-9268

1 WHAT IS/ARE YOUR ORGANIZATION'S AREA(S) OF EXPERIENCE RELATED TO FAMILY AND SEXUAL VIOLENCE?

(tick all that apply)

	Victims	Non-Offending Family Members	Offenders
wife assault	☐	☐	☐
elder abuse	☐	☐	☐
sexual assault of adult women	☐	☐	☐
adult survivors of childhood abuse	☐	☐	☐
child sexual abuse	☐	☐	☐
children who witness family violence	☐	☐	☐
other area of family or sexual violence	☐	☐	☐

2 WHAT SERVICES DO YOU PROVIDE IN THESE AREAS?

3 WHAT IS WORKING WELL IN YOUR **ORGANIZATION** IN THE AREA OF FAMILY AND SEXUAL VIOLENCE PREVENTION AND INTERVENTION?

Please think about:

- what your organization does to respond to needs of victims and their families
- offender treatment
- the justice system response
- prevention programs

4 WHAT IS WORKING WELL IN YOUR COMMUNITY IN THE AREA OF FAMILY AND SEXUAL VIOLENCE PREVENTION AND INTERVENTION?

If your mandate is to serve the whole province, please consider the province rather than your local community.

5 WHAT ARE THE MAJOR PROBLEMS THAT YOU SEE AS NEEDING ATTENTION IN THE AREAS OF FAMILY AND SEXUAL VIOLENCE?

For each problem, please indicate:

- what area of family violence it refers to (eg. wife assault, elder abuse, adult sexual abuse, etc.)
- what you think should be done to address this problem
- who should take the lead role for this (eg. government, community agencies, police, schools, individuals, etc.)
- what are the major stumbling blocks to making the necessary changes to resolve these problems

Please detail these problems in order of importance, starting with the most important.

PROBLEM AREA OF FAMILY VIOLENCE?	STRATEGIES TO DEAL WITH PROBLEMS	WHO SHOULD DO IT?	MAJOR STUMBLING BLOCKS

PROBLEM AREA OF FAMILY VIOLENCE?	STRATEGIES TO DEAL WITH PROBLEMS	WHO SHOULD DO IT?	MAJOR STUMBLING BLOCKS

PROBLEM AREA OF FAMILY VIOLENCE?	STRATEGIES TO DEAL WITH PROBLEMS	WHO SHOULD DO IT?	MAJOR STUMBLING BLOCKS

PROBLEM AREA OF FAMILY VIOLENCE?	STRATEGIES TO DEAL WITH PROBLEMS	WHO SHOULD DO IT?	MAJOR STUMBLING BLOCKS

By "coordinated approach" we mean individuals, agencies and government ministries sharing information and working together on cases or projects. This could be done by telephone, written material, meetings or casual contact.

6 DO ORGANIZATIONS WORK WELL TOGETHER IN YOUR COMMUNITY TO PROVIDE A COORDINATED RESPONSE TO FAMILY AND SEXUAL VIOLENCE? WHAT IS WORKING? WHAT IS NOT WORKING? WHAT ARE THE REASONS?

7 WHAT DO YOU THINK ARE THE MOST IMPORTANT INGREDIENTS FOR ENSURING A COORDINATED APPROACH TO FAMILY AND SEXUAL VIOLENCE AT THE LOCAL LEVEL?

8 IF YOU REPRESENT A PROVINCIAL ORGANIZATION, WHAT ROLE CAN YOU PLAY IN ENCOURAGING A COORDINATED APPROACH AT THE LOCAL LEVEL?

9 WHAT ISSUES, IF ANY, DO YOU THINK NEED MORE RESEARCH?

10 WHAT ARE THE THREE **MOST IMPORTANT** RECOMMENDATIONS YOU WANT TO MAKE TO THE TASK FORCE?

Please be as specific as possible.

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